



**A COMPARATIVE STUDY OF ADJUSTMENT, SOCIAL
SUPPORT AND PSYCHOLOGICAL WELL-BEING
AMONG WORKING AND NON-WORKING WOMEN**

DISSERTATION

SUBMITTED FOR THE AWARD OF THE DEGREE OF

**Master of Philosophy
in
Psychology**

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*Dedicated
To
My Loving Parents*

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Certificate

This is to certify that **Ms. Taheera Shahani** has carried out her research entitled “**A Comparative Study of Adjustment, Social Support and Psychological Well-Being among Working and Non-Working Women**” under my supervision and guidance.

To the best of my knowledge this work is her original work. It has not been submitted in any other University or Institution for the award of any degree or diploma.

A handwritten signature in black ink, appearing to be 'KS', with a horizontal line drawn underneath it.

Dr. Kr. Sajid Ali Khan
Supervisor

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All praise to Almighty Allah, the Creator, the Cherisher and the Sustainer of the world. He created Man and “Taught him that which he knew not” (Al-Quran). He is Most Gracious and Most Merciful to all his Creations. He endowed me with the requisite knowledge and ability to produce this piece of work. I bow down to Him on gratitude with all humility from the depth of my heart.

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Chapter 1
INTRODUCTION

Chapter 1

INTRODUCTION

‘Woman’, is not just a five lettered word, rather a world in itself. She encompasses, she embraces, she cuddles, she loves and so on and so forth. The list of her deeds is endless and the journey is short. Hence, due to the pivotal role of women in the social arena we have taken her the very base of our research. The topic of the present research is, “A Comparative Study of Adjustment, Social Support and Psychological Well-Being among Working and Non-Working Women”.

Since time immemorial, women have been the axis of society. Her role of a daughter, sister, wife, and mother changes in due course of life but her importance remains vital. Across civilizations and cultures women’s psychosocial role has been predominant. She has worked rather; both men and women have always worked in all epochs of human life-history. However, historical and social factors have been responsible for variations in the nature of tasks, the location of work, reasons to work, the nature of execution of the work and finally, the performance on the work. The entry of women in the economic world gives impression of equality of women with men for the economic role is believed to provide automatic social pre-eminence.

Ironically, this is not so. All of us know about the status of women preached by various religions and faiths and also the socio-economic condition of women since ages. In a country like

India, where she is supposed to be at par with men constitutionally, the scenario is different. Though recent years have increasingly, brought a great change in life of Indian women; yet we have miles to go in granting them their legal, political, economic rights and privileges, and 'actual rights' and privileges.

In this context, transformation in the pattern of women's role has received a lot of research attention. When a woman works, it may not impart her a necessary status as being employed increases her physical burden and it may intensify her family responsibilities too (Pushpa Sunder, 1981). Indian society, particularly the middle class is confused to define the role of a working woman. Their role and positions at present are therefore, not clear. This situation leads to a role-conflict (Chakravarty, 1977). Family's greater demand on women takes a higher toll on women's mental health in dual-earning families as compared to male earning families (Barnett et.al, 1995).

Now, the real question arises that, what actually work mean to Indian women and how does it affect her life? Their economic independence is often advocated as a solution to social equality and autonomy. If this notion is to be believed, then they must hold a parallel to their western counterparts. The other side of the coin is that, work for majority of Indian women is an avenue of exploitation and discrimination, a source of conflict with spouse and other family members and at the inter-personal level, an inducer of doubt and guilt about ones role as a

wife/mother (Thakur and Misra. 2007). This lack of social support incorporates maladjustment which leads to poor mental health. After considering such opposite consequences of being an Indian working woman, the need of the hour compelled to frame the topic of the present study as “A Comparative Study of Adjustment, Social Support and Psychological Well-Being among Working and Non-Working Women”.

Meaning and Nature of the Important Terms of the Problem:

The important terms of the problem that need discussion are adjustment, social support and psychological well-being. The following discussion presents comprehensive pictures of the nature and meaning of these terms:-

Adjustment

Adjustment is vital phenomenon engrossed in our complex and civilized society. Problems may arise in facing /making adjustments but they are important to maintain personal as well as social peace and harmony. Thus, the term has become deep matter of concern and interest for social scientist especially psychologist. Adjustment refers to the extent to which an object fits the purpose for which it is intended. The purpose of the adjusting is to satisfy the needs or interests. In a similar way we attempt to adjust situations and conditions in our environment so that our daily program of activities runs smoothly. This

adjustment is a delicate mechanism or a difficult situation and is a specialist's job.

We are constantly attempting to adjust or fit into environmental elements to meet our needs and interests. At the same time we are engaged in the process of adjusting ourselves, our attitude and behavior, to satisfied demands made upon us by our personal problems and our social relationships in both the processes, adjustment of environment and adjustment of self, constitute the bases personality development. From birth onwards the individual is concerned consciously or unconsciously with making whatever positive changes are needed within and outside himself that will be provided for him personally, satisfying socially acceptable patterns of behavior. The extent to which an individual is able to achieve successful life adjustments depends on (1) The environmental stimuli to which he is successively exposed during his life span, especially during his childhood and adolescent years and (2) His inherited and acquired power to make whatever changes within himself that shall serve as the bases of constructive thinking, feeling, and doing. Poor environmental conditions and/or deficient potentiality are more than likely to encourage the development of maladjustments that can be harmful both to the individual himself and to those other persons whose lives are affected by their demonstrated attitudes and behaviors.

There are two view points concerning the process human adjustment. According to one point of view, an individual is

personally responsible for his attitudes and behavior in all areas of his life relationships. Emphasis is placed on the individual's ability to chart his course of action; he is "master of his fate". Proponents of the other school of thought claim that an individual's beliefs, attitudes, and general pattern of adjustment at any onetime are determined to a great extent by the effects on his personality of his previous experiences and his present environmental influences. In either, human needs must be aroused and then satisfied.

An individual's degree of successful life adjustment probably is closely related to past experiences, environmental influences and personal strengths. An individual possesses the power to select, and to apply to himself the environmental elements and the experiences that may seem to him to be best suited to satisfactory adjustment. At the same time, however, the operation in a person's life of scientifically evolved principles of cause and effect cannot be disregarded.

To the lay person, adjustment often represents a relatively vogue belief that to achieve a desired condition or situation will result in successful adjustment. The trained person recognizes the fact that human beings of all ages constantly are in the process of adjusting to this or that condition or situation, or to interpersonal relationships. They recognized also that the form of the adjustment may not be conducive to the attainment of personal success or of social welfare. An individual' adjustment is adequate, wholesome, or healthful to the extent that he has

established a harmonious relationship between himself and the conditions, situations, and persons who comprise his physical and social environment. An individual who is unable to overcome obstacles in his path to achievement or who is rejected by the members of his group may become inadequately adjusted. Complete rejection or repeated failure to achieve is likely to result in maladjustment.

An individual's patterns of behavior and attitudes generally represent his adjustment states, however, one or another characteristic attitude or form of behavior may constitute a significant factor of adjustment. Satisfactory adjustment includes personal and social value standards. Among the criteria that encompass the components of adjusted behavior are the possessions of (1) A wholesome outlook on life, (2) A realistic perceptions of life, (3) Emotional and social maturity, (4) A good balance between the inner and outer forces that activate human behavior.

In psychology, two general adjustable models are recognized, Piaget (1952), who has been greatly concerned with the development of adaptive intelligence, has utilized the terms accommodation and assimilation to represent the alteration of oneself or the environment, respectively, as means of adjusting. In colorful analogy, Lerner (1937) referred to the two groups as chameleons and beavers. The chameleons adapt immediately to the situation with changing to suit the circumstances. Beavers in contrast, continue growing through the trends regardless of

what happens. Riesman (1950) described the inner-directed person as one who carries his values and standards of conduct around with him, maintaining these in spite of majority changes in the social climate. In contrast, with this is the other-directed person, who must take his standards from the social context, changing his beliefs in accordance with the altered values of the persons and institutions around him. The former person is the beaver, the assimilator, and the latter is the chameleon, the accommodator. Both accommodation and assimilation produce resolution of conflict. It is interesting that, as we move up the phylogenetic scale from lower animal forms to man; we find an increase in the availability of means of assimilating.

In view of these considerations, it is tempting to consider accommodation as a more primitive form of adjustment than assimilation. Although the question is an interesting one it cannot be settled here and it is subject to the criticism that the relative merit of other requires the making of value judgments pros or cons. The human being, in order to adjust successfully must do some accommodation and some assimilation. It is probable that an extreme of either goes along with mal-adjustment. The useful question for the psychological scientist is how does the individual adjust rather than how well?

Some writers on adjustment, impatient with the traditional achievement concept of adjustment conceive that different degrees of adjustable skill or capacity exists, have stressed the notion of social adequacy or interpersonal

competence. They do not mean by this that particular traits or habits of response to specific situations differentiate the more adequate from the less adequate person, rather, certain qualities that operate under many circumstances characterize an individual and make him effective in controlling the pattern of interpersonal relationship. Such persons are more capable of producing intended effects and achieving self-realization, gratifying their highest needs under a wide variety of circumstances.

Scientifically interpreted, the term adjustment implies problem, in a cause and effect relationship. The kind and degree of adjustment achieved by an individual usually are dependent upon a multiple causes. Moreover, human nature is so complex that it is almost impossible to assert didactically that any combination of causes is certain to have a specific effect upon an individual's behavioral pattern. The same environmental factor may become the cause of stress or strain for one individual but have little or no effect upon another person. There is one thing that most individuals have in common the desire to become contented and well-adjusted men and women.

Interaction between us and our environment is an integral part of living. At the outset our environment involves principally the members of our families. As we interact with these people we unconsciously acquire from them certain methods of adjusting, methods which we modify to suit our needs. As we grow older we interact with larger groups of people

and acquire additional method for adjusting. During this process of interaction and often without being aware of what we are doing, we experiment with methods we have observed in others and so evolve the behavior patterns that constitute our own individual pattern of adjustment.

Adjustment is a continuous process that tends to bring out more or less changing attitudes throughout the individual's life. As he is stimulated by differing environmental stimuli, he is likely to respond to them with his accustomed adjustment habits.

During the entire lifetime every human being struggles as toward the attainment of one or another goal; self-expression, self-realization, self-esteem, adventure, economic and social security, and the like. Over behavior responses are the expressions of inner desires, urges, wants, interests, ambitions, and attitudes. A person's compulsion toward activity and its over manifestation are influenced by the interests, ambitions, and attitudes of other persons. When one individual and other members of his group are motivated by similar interests and ambitions, their co-operative activities tend to be productive of individual and group satisfaction and inter adjustment.

Adjustment is an active process that occurs as the individual lives in his family situation, advances educationally, pursues vocational outlets, and engages in social relationships. His adjustment is helped as he acquires new experiences, accepts ideas and behavior with which he may not agree, conforms to the ways of the members of the group or to the

mores of society and strives to attain self-realization. Life consists of many experiences that need to be interwoven or integrated from day to day. Some specific type of adjustments are-

1. Family Adjustments:

The family is the basic unit of society. It is generally agreed that as the home is so will be the larger social groups. The intimate relations that are inherent in home and family life may build up either closely knit loyalties or disrupting discords.

2. Educational Adjustments:

A young person's degree of successful adjustment in his learning experiences is affected by many factors the learner's degree of mental ability, learning readiness, interests and techniques. To provide proper financial support for education is the responsibility of the nation, state, and local community. The value of education as a means of improved educational adjustment is receiving increased recognition.

A well-balanced, forward-looking educational program is essential to the development of individual and group adjustment to personal and social demands.

3. Occupational Adjustment:

Job adjustment is dependent upon job conditions, workers attitudes and degree of efficiency. Fear of economic insecurity interferes with the occupational adjustment of the worker,

certainty as to the most effective ways in which human resources and occupational opportunities can be integrated constitutes a serious problem of management adjustment.

Participation in organized or informal group activity is a test of an individual's power to adjust his own attitudes and interests to the interests, needs, or rights of other people. His interest in community welfare and his co-operative attitude toward community projects are as important as is the exercise of similar interest and attitude in home and work relationships. In all these associations a person experiences many problems of adjustment that become increasingly serious as group needs and interests change with changing conditions.

Four main classes of criteria for evaluating the adequacy of adjustment can be identified as- (1) Psychological Comfort; one of the most compelling signs of adjustable failures that a person is psychologically uncomfortable in some way. (2) Working Efficiency; another sign of adjustable difficulties is impaired ability to make full use of occupational or social capacities or skills. (3) Physical Symptoms; sometimes the only evidence of inadequate adjustment appears in the form of damage of body tissues. (4) Social Acceptance; some kinds of adjustments are socially acceptable and quite useful. They are what other persons want. It is understood that acceptable behavior in one community may not be acceptable in another.

When a conflict occurs between an individual's internal states and external demands two broad classes of adjustment

seem to be possible. The individual can modify or inhibit the internal impulse or he can attempt to alter the environmental demand in some way so as to eliminate the conflict. Where the conflict is entirely internal or external the problem is somewhat different, but there remains a similar problem of choice, which to attempt to alter or modify, with respect to biological adaptation, the organism can modify his own state in some way or attempt to alter the environment.

Psychologically, we can find instances in which individuals change themselves rather than their environmental circumstances in the face of conflict between the two. For example, when a person finds that he believes differently from others concerning a social issue, he may alter his own views, sometimes without being aware of this, so they no longer conflict with others.

For which it has taken as one of the variable of study, in our society, change is the order of the day. Society is no longer relatively immobile and stable. Flux characterizes our laws, family organization, customs, residence and values. Such flux places a tremendous burden on families and individual to adjust and more constructively toward higher personal and social development. Hence, what the characteristics make for such effective adjustments would be of enormous value in helping us to meet the crisis that such continuing change bring about in the modern world.

Social Support

We are part of a community of people who love and care for us, and value and think of us. Social support is a way of categorizing the rewards of communication in a particular circumstance. An important aspect of support is that a message or communicative experience does not constitute support like the receiver views it as such. Health psychologists have extensively studied the association between social support and mental and physical health and found that it is extensively beneficial in highly stressful situation social support is the physical and emotional comfort given to us by our family, friends, co-workers and others. It knows that we are part of a community of people who love and care for us, and value and think well of us. Social support is a way of categorizing the rewards of communication in a particular circumstance. An important aspect of support is that a message or communicative experience does not constitute support unless the receiver views it as such.

Social support which means turning to other people for support in times of personal crises is one of the most often used coping strategies. Social support refers to the perceived comfort caring, esteem or help a person receives from others people or groups (Cobb, 1976; Gentry and Kobasa, 1984; Wallston et al.,1983; Wills,1984). According to Cobb (1976) people with social support believe they are loved and cared for, esteemed and valued and part of a social network, such as family

community organization, that can provide goods, services and mutual defenses at time need or changes. Health psychologists have extensively studied the association between social support and mental and physical health and found it is extremely beneficial in highly stressful situations, there are different forms of social support. One type is practical support, which includes sides to the doctor's office or help around house. The next type is emotional support which refers to reassurance, trust and dependence. The final form of social support is appraisal supports such as help in figuring out what is happening and how to cope with it.

The term "social support" is often used in a broad sense, including social integration. However, social integration refers to the structure and quantity of social relationships, such as the size and density of networks and the frequency of interaction, but also sometimes subjective perception of embeddedness. Social support, in contrast, refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It passes through the interactive process and can be related to altruism, a sense of obligation and perception of reciprocity. Social support in the narrow sense has been in various ways for example, it may be regarded as resources provided by others, as coping assistances or as an exchange of resources. Several types of social support have been investigated such as instrumental (e.g. assist with a problem), tangible (e.g. donate goods), informational (e.g. give advice), and emotional (e.g. give reassurance), among other health and well-

being of actual support provision, but also are consequences of participation in a meaningful social context. Receiving support gives meaning to individual' lives by virtue of its motivating them give in return, to feel obligated, and to be attached to their ties. Being embedded in a positive social world might be more powerful than receiving a particular act of help. The most common distinction made is the one between perceived available support and support actually received. The former may pertain to anticipating help in time of need, and latter to help provided within a given time period. The former is often prospective, the latter always retrospective. This an essential distinction because this two construct need not necessarily have much in common. They may be closely related in some studies, but in others they may be unrelated, depending on wording on context. Expecting support in the further may be rather dispositional being intertwined with optimism, whereas support provided in past is rather based on actual circumstances. To which degree this distinction emerges empirically also depends on the amount of specificity in item wordings. The more diffuse and general question are, the more responses may be influence the respondents' personality characteristics.

Man is social animal and the ordinary healthy human being finds prolongeal isolation a severe punishment. The importance of closeness with spouse, with friends or with family members is taken for the prediction of healthy functioning (Berkman and Syme, 1979; Jacobs and Charles, 1980; Medalic and Gold Bourt, 1976; Thomas Duszynki, 1974). Literature on

social support also suggests that it is an important concern in our daily lives social interaction with family and friends is an integral element mental and physical health lack of social support has been associated with risk for emotional problems, excessive worry, self pre-occupation and stress process (Blazer, 1988; House et al, 1982), social networks (Mueller, 1987), meaningful social contact (Carsel, 1976), availability of social confidants (Brown et al, 1975); Cohen and Syme (1985), and House and Kahn (1985) called social networks as structural support, structural support refers to the existence of an inner-connection between his (e.g. marital status, class family and friends) participation in group activities and religious group activities. It is an important predictor of healthy psychological and physiological and functioning.

Another aspect of social support is the kind of help person receives from others i.e. emotional, personal, practical, informational, and instrumental. According to Caplan's theory (1974), social support implies enduring pattern of continuous or intermittent ties that play a significant role in maintaining the psychological and physical integrity of the individual over time. For Caplan a social network provides a person with "psychosocial supplies for the maintenance of mutual and emotional health". According to Shumaker and Brownell (1984) supportive behavior would be same as an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of

recipient. These interactions tend to be viewed as supportive when they are intended to gratify people's need (Thoits, 1983).

Social support has been defined in a number of ways. Initially, it was defined according to the number of friends available to an individual. However, this has recently been amended to include not only the number of friends supplying social support, but the satisfaction with that support (Sarason et.al., 1983). Will (1985) has defined four types of social support-

Esteem Support: whereby other people increase one's own self-esteem.

Informational Support: whereby other people are available to offer advice.

Social Companionship: which involves support through activities.

Instrumental Support: which involves physical help.

The term 'social support' is generally used to the perceived comfort, caring esteem or help one individual receives from others (e.g. Wallston et.al., 1983).

Several models of social support have been proposed by different scholars.

First model defines social support in terms of number of persons for social contacts.

Second model of social support focuses on a number of helpers available to a person in need. This perspective defines social support in terms of the number of people from whom individual has received support in recent past. Individual with the greater number of providers should have better health. Such findings illustrate the interacting nature of social support. It is *not some inert substance we carry in our pocket to insure protection against adversity.*

Third model, the intimacy model, predicts that having a close confining relationship with the significant other will be associated with better health. Similarly, among gay and bisexual man infected with HIV, those with the history of close, confining relationship have lower level of suicidal tendency.

Fourth model of social support defines it in term of its perceived availability (Sarason et al., 1983). Compared with those who doubt the adequacy of the social resources, individuals who believe that ample support is available to them cope more effectively in many different situations in schools (Curtrona et.al.,1994).

Research suggests several types of support that may function as different kinds of resources (Cohen, 1988; Wills, 1991). Appraisal support from others involves helping on individual to understand the stressful event better and what resources and coping strategies might be mastered to deal with the event. Tangible assistance involves the provision of material support, such as services, financial assistance, or goods.

Information support involves the provision of specific information about a stressful event and resources for coping with it. Emotional support reassures an individual that he or she is a valuable person cared for by others. These types of social support may operate proactively to offset or maximize stressful events before they become major stressor, they may operate to help reduce the impact of an existing stressor, or they may act as a buffer against high level of stress.

There is a growing recognition that social support is a complex, multi-faceted phenomenon. Vaux et al., (1986) suggested that social support is best seen as comprising the three components of: (1) social network resources (the size, structure and relationship characteristics of support networks); (2) specific supportive acts (listening, confronting, advising, loaning money, socializing or assisting with tasks); and (3) subjective appraisals of support.

Cohen and his colleagues (Cohen and Wills, 1985; Cohen and Syme, 1985) a distinction between structural refers to measures describing the existence of an inter-correlation between his (affection, feelings of belonging or material aid).

Dimension and measurement of social support suggests that social support can be classified into four dimensions: (a) social embeddedness (the number of members in the social support network and their characteristics), (b) needed support (support required by an individual), (c) perceived support (perceived availability of support), and (d) actual support

(support actually received in the past). Jou (1994) categorized social embeddedness as structural support and categorized needed, perceived and actual support as functional support. Jou further suggested that direct comparison among the dimensions of functional support was possible but that comparison between structural and functional support was not.

Support relationships may be categorized by source, such as whether they are with family members, peers or friends, teachers or fellow workers, or person with the same problem. Family members, particularly parents and spouses are important sources of support (especially generalized support) in many contexts, including school, college and young adulthood, adolescent motherhood and for women with breast cancer (Barone, Aguirre-Deandreis, and Trickett, 1991; Cauce, Hannan and Seargent, 1992; Maton et al., 1996; Pistrang and Barker, 1998). Family relationships, compared to other social ties, often involve greater commitment and personal knowledge of the individual and support that is generalized as well as specific. However, they also mean greater obligation for reciprocity and greater potential for conflict (Hobfall and Vaux, 1993) and they may not be useful every stressor (Gore and Aseltine, 1995).

Psychological, physiological and organizational benefits of social support to individuals recovering from a wide array of physical and psychological stressors are varied perceived institutional and faculty support was found to be positively associated with affective commitment to the institution and

positive daily mood. High social support from classmates was found to be associated positively with low psychosocial complaint (Torshein, 2001).

Social support is known to reduce psychological distress during stressful times (Cohen and Wills, 1985) and may be especially helpful in reducing psychological distress in vulnerable populations, such as the elderly, the recently widowed, or victims of sudden, severe uncontrollable life events. In addition to providing psychosocial benefits, social support appears to lower the likelihood of illness, to speed recovery from illness and to reduce the risk of mortality due to serious disease. Studies that control for initial health status indicate that people with a high quantity or quality of social support have lower mortality rates. Social isolation is a risk factor for death for both human and animals. Social support is a relationship that had been uncovered in a broad array of specific diseases.

Social support may not only enable people to cope more successfully with stressful events, but also may influence stress related behaviors that can function proactively to eliminate stressful events before they occur and/or to prevent a stressful event from intruding into other aspects of life, for example, social support has an health habits as well as an health (Umberson, 1987). These functional aspects of social support may serve to contain a stressful event or to minimize its adverse health effects.

Finally, unsupportive social interactions appear to be a vulnerability factor of coping poorly with stressful events. There is some evidence that the negative aspects of social support interaction and anticipated social interaction and social support have an ameliorating well-being (Rook, 1984). Thus, for example, quarrels with intimates may diminish well-being more than positive interaction enhances it. Such results have been uncovered both in vulnerable population, such as the elderly and in more general community samples (Schuster, Kersler and Aseltine, 1990). These findings are an important corrective to the emphasis on the positive effects of social interaction. They suggest that research attention much consider the circumstance under which anticipated support is not forthcoming or anticipated supportive interactions are unsupportive, thereby, it's psychological and physical concomitants and its likelihood of intruding into other areas of life.

All of us need social support from other particularly when we face stressful situation. Such as loosing a job, break up of a relationship, or experience the death of a love one. Discussing or sharing your worries and the problems with the significant others may help you in alleviating the stress and may even give you an insight into possible solution. It is possible to improve the mental health of a community by the provision of social supports.

Psychological Well-Being

Well-being is one of the most important goals which individual as well as societies strive for. The term denotes that something is in a good state. It doesn't specify what the 'something' is and what is meant by 'good'. Well-being can be specified in two ways: first by specifying the 'what' and secondly by spelling out the criteria of wellness (Veenhoven, 2004). So many terms such as happiness, satisfaction, and hope, positive affect positive mental health, well-being and quality of life have been used in the literature synonymously and interchangeably. The word 'well-being' is mostly used for specific variety of goodness, for example, living in a good environment. Psychological well-being is a part and parcel of man's life style. Basically, it was studied in philosophy, under the name of eudemonics. With the sheer development of human race, specialization began. This led the concept of psychological well-being to creep into the discipline of psychology too. Since then, it has become a topic of psychology as well.

Religion is a set of rules to govern life, thus, it has explained well-being or psychological well-being in its own ways. Basically, Buddhism preaches love and well-being for all that is not only for the believers of their faith, but also for the other religions. Christianity's mission is to bring about true well-being from mankind. Hinduism starts with "Sarve Bhavantu Sukhinah" (Let all well-being) Gita claims well-being to be most important feature life. This well-being can be attained by

emancipation from anxiety producing fixations and attachments. In Islam, Quran states “Saber tawakkul”, that is to have patience and have faith in God. It implies having faith in God and observing patience leading to real well-being.

Well-being is an admixture of affective, cognitive and semantic state of affairs. It presents an overall view of well-being (Joseph and Lewis, 1998). It also includes motivational experiences of life with subjective feeling of satisfaction. Terms like happiness, hope, positive mental health, quality of life, optimism or satisfaction are in variedly used as synonyms of well-being. Happiness and satisfaction are the steps to the goal of well-being. They involve multiple life situations as belongingness, creativity, education, familial responsibilities, financial complexities, health (all mental, physical and social health), matrimony opportunities, self-esteem and trust in others. Satisfaction is an over whelming term which goes beyond the context of well-being. Restoration, homeostatic and drive reduction are its determinants. It is an experience unique to human and is bombarded with values and morals.

Depression Happiness is a measure of well-being. In over viewing the concept of it was observed that well-being is the opposite pole of depression (Joseph and Lewis, 1998). Global measures of life situation can be influenced by mood at any given moment of time. This has an effect on well-being (Schwartz and Strack, 1999). However, situational factors fail, as compared to long term influences on well-being. Psychological

well-being is also exhibited in socially desirable ways. On the other hand, like its name, subjective well-being is a subjective experience (Eid and Diener, 1999). Well-being is also related to the constructs of hope, efficiency and optimism. Hope includes both will on ways. Optimism denotes the specification of agency through which good outcomes are realized (Magaletta and Oliver, 1999).

Subjective well-being or psychological well-being is also studied under the name of quality of life. Well-being is examined as a harmonious satisfaction on one's desires and goals (Chekole, 1975). Quality of life is a total measure of physical, mental, and social well-being. Also, psychological well-being or subjective well-being is an important construct of quality of life (Campbell et.al., 1970). Well-being can also be defined as a dynamic state of mind characterized by a reasonable amount of harmony between an individual abilities, needs and expectations and environmental demands and opportunities (Levi, 1987). Three features of subjective well-being have been identified as firstly, it is based on subjective experiences, instead of objective conditions of life; secondly, it has a positive, as well as a negative effect and thirdly, it is global experience, as opposed to experience in particular domains such as work (Okum and Stock, 1987).

Oishi et.al (1999) proposed, "value" as moderator of well-being. The examination of individual developmental and cross-cultural variations in the process of well-being is a promising

pathway to gain insight into nature of subjective well-being. Subjective well-being centre on the person's own judgement (Diener, 1984). Good life can be put into words in terms of "subjective well-being (SWB)" and in colloquial terms, it is labeled as "happiness". Subjective well-being is not sufficient for good life, but appears to be increasingly necessary for it (Diener, Sapyta and Such, 1998). It refers to people's evaluation of their life evaluations, which are both affective and cognitive. People experience abundant subjective well-being when they feel many pleasant and few unpleasant emotion. When they are in interesting activities, when they are in experience many pleasures and few pains, and when they are satisfied with their lives (Diener, 2000). There is a dubious relationship between well-being and quality of life. WHO defined quality of life as the conditions of life resulting from combination of effect of complete range of factors. For example, those factors which determine health, happiness including comfort in physical environment and satisfying occupation, education and social intellectual attainments, freedom of actions, justice and freedom of expression. Well-being is often regarded as a broader concept which include standard of living and quality of life that is subjective well-being. Standard of living is denoted by income occupation, standard of housing, sanitation and nutrition, level of health provisions, educational, recreational, and other services, level of living is indicated through nine components, they are: (1) health, (2) food consumption, (3) education,(4)

occupation and working condition, (5) housing, (6) clothing, (7) social security, (8) recreation and leisure, and (9) human rights.

These objective characteristics are assumed to influence human well-being. The World Health Organization Quality of Life (WHOQOL) Group proposed a broader range of criteria for subjective quality of life comprising twenty-four factors/facts. The subjective definition has the right to decide whether his order life is worthwhile.

The subjective feeling of contentment happiness and satisfaction with life “experience and of one’s role in the world of work, sense of achievement, utility belongingness and no distress, dissatisfaction or worry etc., is the way to describe general well-being (Verma and Verma, 1989)”. They laid special emphasis on the term “subjective well-being”, as they attribute that the aforementioned aspects cannot be evaluated objectively. General well-being is a part of the concept of positive mental health, which is not a mere absence of disease or infirmity (Verma, 1988). He further elaborated the absence of psychological ill-being. A person can have both conditions; poor or good with all its accompanying results. Psychological well-being is a person’s evaluated reaction to his or her life satisfaction that is “cognitive evaluations or effects”, “ongoing emotional reaction” (Diener and Diener, 1995).

Physical well-being is generally taken to be happiness, along with one’s cognitive appraisal of how satisfaction his or

her life has been, and it is also encompassing positive future, prospect of life, that is, “hope”.

It is also integrative characters of mental healthiness which is supposed to be composed of certain set of stable traits of personality, moral beliefs system, as well as stocks of psycho-behavioral resources connected with one’s major life domains such as home, school or work place.

Psychological well-being is a somewhat malleable concept which is the feelings of people’s about everyday life activities. Such feelings may range from negative mental states or psychological strains such as anxiety, depression, frustration, emotional exhaustion, unhappiness, dissatisfaction, to a state which has been identified as positive mental health (Jahoda, 1958; Warr, 1978). Scanning many studies on the perceived quality of life, Campbell (1980) distinguished three types of well-being; affect, strain and satisfaction.

Diener, Suh, Lucas and Smith (1999) conceptualized psychological or subjective well-being as a broad construct, encompassing four specific and distinct components including (a) pleasant or positive well-being (e.g. joy ,elation, happiness, mental health), (b) unpleasant affect or psychological distress (e.g. quite, shame, sadness, anxiety, worry, anger, stress, depression), (c) life satisfaction (a global evaluation of one’s life), and, (d) domain or situation satisfaction (e.g. work, family, leisure, health, finance, self).

Subjective well-being represents people's evaluation of their lives, and includes happiness, pleasant emotions, life satisfaction, and a relative absence of unpleasant moods and emotions. In other words, a person's evaluation of his or her life is based on his cognitive and emotional reactions. Self-evaluation is a key to it. The psychology of well-being aims to help people live more rewarding lives including close relationships, responsibilities to one's community and enjoyment of one's life, i. e., to experience greater subjective well-being. Earlier findings of Wilson (1967) did not hold good in later researches where demographic variables accounted for less than 20% of the variance in subjective well-being (Andrews and Withey, 1976; Campbell, Converse and Rodgers, 1976; Argyle, 1999).

Psychological well-being is the subjective feeling of contentment, happiness, satisfaction with life experience and of one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry, etc. it emphasizes positive characteristics of growth and development. There are six distinct components of psychological well-being having a positive attitude towards oneself and one's past life (self-acceptance); having goals and objectives that give life meaning (purpose in life); being able to manage complex demands of daily life (environment mastery); having a sense of continued development and self realization (personal growth); possessing, caring and thrusting ties with others (positive

relations with others); are being able to follow one's convictions (autonomy).

Well-being may be defined as a subjective, positive emotional state with general life satisfaction (Diener, 1984). It involves the way the individual feels about himself or herself and is due to achievement of goals in life. Therefore, the most common and comprehensive indicator of the sense of well-being includes life satisfaction which refers to an individual's own global judgment of his or her quality of life, feeling of contentment and happiness. Various domains of the feelings of satisfaction are recreation, love, marriage, friendship and so forth. Sumner (1996) pointed out that life satisfaction is a superior indicator of well-being than hedonic balance. Life satisfaction denotes personal appreciation of life. This kind of well-being is substantially subjective. According to Veenhoven (2004), it includes satisfaction with aspects of life and satisfaction with life as a whole. Satisfaction with aspects of life is concerned with different domains of life such as work, family or leisure, and also with specific qualities of life, such as its comfort or its challenges. For example, job satisfaction can be to some extent inferred from objective observable behaviors, such as job hopping, absenteeism and productivity. There is widespread consensus on evidence to corroborate the relatively strange relationship between what people do at the work and their overall enjoyment of life (Andrews and Withey, 1976, Campbell, Converse and Rodgers, 1976).

Another variant of well-being life ability of the person being able to cope with life is how well we are equipped to cope with the problems of life. Sen (1993) termed this variant as 'capability'. Life ability can be thought of as entirely objective substance. Someone being capable or not, independent of how capable one thinks one is. Being "well" involves many specific capabilities both physical and mental. Good physical abilities entail absence of obvious dysfunction and the presents of positive functioning. Mental abilities concern intellectual capabilities emotional control and various social skills, such as empathy and assertiveness (Veenhoven, 2004).

The level of adjustment is assumed to reflect individual and collective well-being. The successfully adjusted person is please with his or her life (Schwarz and Clare, 1783). Maslow (1970) identified the characteristics of the self- actualized person in his humanistic approach. Many of those are characteristic of the happy, well adjusted person. Everyone would prefer to be well adjusted and happy, but to often people experience so much stress that they are not as happy as they would like to be.

Like all other major psychological indicators emotional stability and emotional maturity also indicate towards the sense of well-being. Emotional stability refers to the tendency to be relaxed and at peace with one-self. Emotional maturity is considered as a significant predictor of success that an individual will achieve in their lifetime, the ability to deal

constructively with reality, the capacity do adapt to change, a relative freedom from symptoms that are produced by tension and anxieties, the capacity to find more satisfaction I giving than receiving, the capacity to relate to other people in a consistent manner with mutual satisfaction and helpfulness, the capacity to sublimate, to redirect one's instinctive hostile energy into creative and constructive outlets; the capacity to love, the ability to learn from experience, the ability to accept frustration (Maheshwari, 2005).

Social indicators referred to general/environment conditions such as standards of living, educational attainment, quality social relationships etc. seminal works on social indicators were written in the late 1960 and early 1970s. Campbell and Converse (1972) were concerned with developing subjective indicators of the quality of life such as aspirations, expectations, and life satisfaction. "indicators of social change: concepts and measurements" was a collection of the best thinking of the day on conceptualizing objective measures, reviewing available data, and recommending data needs that would enable descriptive reporting on the status of society across domains (Aborn, 1985s). Traditional social indicators are ordinarily as referring to objective observable facts and conditions of social life, without regard to people's own perceptions and assessment of these facts and contraventions. In contrast, the new and special kind of social indicators are based both on observable facts and conditions of life in society,

and on people's own subjective perceptions and assessment of life they live under the given circumstances (Szalai, 1980).

Sociologists use the word 'well-being' mostly in the sense of 'good living conditions'; ecologists and biologists in terms of 'livability'; and politicians and social reformers refer to preconceptions of what a good living environment is like, such as good standard of living and social quality (Veenhoven, 2004). In one sense the living arrangement of the individual is an important indicator because it is linked to income, health status, the availability of care services (Federal Interagency Forum on Aging-Related Statistics, 2004) and marital affluence. The physical, economic and social aspects of living environment can be judged by several standards; for example, the social environment can be evaluated by safety, freedom, and fairness. The overall living environment can also be measured indirectly, by considering how well people thrive in it. When people flourish in an environment, the quality of that environment is apparently sufficient, though not necessarily ideal.

Interestingly, life style, the aggregate behavior of a person; the way a person leads his or her life may also be reflective towards a person's well-being. Social activities motivate the individuals to participate in social life. Type, duration, intensity and motivations of social activities may serve as indicators of well-being. A number of studies demonstrated that social

engagement is associated with more favorable health outcomes, both mental and physical, including older populations (e.g. Bath and Beeg, 2005; Wahrendrof, Kneseback and Siegrist, 2006). It is also hypothesized that being socially productive is associated with well-being (Wahrendrof, Kneseback and Seigrist, 2006). It is apparent that the happiest people have good quality social relationships (Seligmen, 2004). Although, they perceive their social relationship, in at least two out of three important areas (family, friends and romantic partners) to be very positive. Quality social relationships necessarily indicate well-being is that not a single individual is the happiest group was deprived of them. Lucas, Diener and Suh, (1996) proposed that some people are predisposed to pleasant emotions, and that these emotions in turn cause sociability, warmth and dominance. Educational attainment influence socio-economic status/level of prosperity and welfare of people, which in turn plays a role in well-being. Higher levels of education are usually associated with higher income, higher standards of living and above average health (Federal Interagency Forum on aging Related Statistics, 2004).

Marital Status can strangely affect one's emotional and economic well-being. Among other factors, it influences living arrangements, the availability of care givers (Federal Interagency Forum on aging Related Statistics, 2004), and life satisfaction. In particular, cross-sectional studies have shown that married people have significantly well-being than do people in defect relationship, newer married people, or divorced people.

Emotional health also depends upon our recreational hobbies; participating joyfully in activities like dancing, racing, alternating movies, listening to music, outing with family members, visiting friends and relatives etc. seem to conducive towards the sense of well-being.

Thus, we find long list of biological, psychological/mental and social indicators of well-being. The knowledge of these indicators would enable state of living of individuals as well as the community.

Chapter 2
LITERATURE REVIEW

Chapter 2

LITERATURE REVIEW**Adjustment**

Review of the literature on adjustments suggests that most of the psychologists agree on the definition of adjustment in terms of achieving a balance between one's own internal demands and requirements of the environment or between internal psychological forces and external condition. For all purposes adjustment is taken to be process and not a condition.

The adjustment process is multidimensional. This aspect of adjustment has been emphasized by Shaffer and Shoben (1956); said that 'Adjustment is a process by which a living-organism maintains a balance between its needs and the circumstances that influence the satisfaction of needs'. These needs can be biogenic, originating in society, personal or communal or arising from any other conceivable source.

Most of the researches on adjustment so far reported require evaluation of psychological adjustment or of changes in adjustment as a unitary trait. However, Sappenfield (1956) writes, adjustment involves a continuous variable and therefore, the evaluation of individuals in terms of these variable should not be limited to the two extremes, of adjusted and maladjusted. Other writers, such as Coleman (1956), Fenichel (1945), and White (1956) have also expressed or implied the similar point of view. The concept of unitary of

adjustment has got much theoretical support from Goldstein (1940) and Rodgers (1951) who see the individual reacting to his environment as a total organism, and who see poor adjustment in one area of life as necessarily affecting all others areas of personality.

In this direction, a considerable contribution has been made in the USA and the USSR. Essing and Morgan, 1957 found that girls, whose mothers did not work, were well adjusted in the area of family as compared to girls of working mothers. Hand (1957) found that the percentage of children that appears to have adjustment problem were the same for the working and non-working mother.

The individual's behavior is directed toward the reduction of such stimuli, facing external and internal realities (Sappenfield, 1961). In the adjustment of female teachers, their occupational or vocational adjustment place an important role, the school environment or the type of school influence over the family adjustment of the teachers. The occupational world of the teachers dominates their mode of family adjustment. The degree of satisfaction with the choice of occupation, working condition, relationship with colleagues and principal, financial satisfaction and chances of promotion, decide one's adjustment to one's occupation and contributes significantly towards one's overall adjustment.

Chaya (1985) evaluated the effect of university education on the marital adjustment of 40 Hindu couples (aged 30-45

years) married for 10-40 years. Subjects were divided into four groups depending on whether the husbands, the wives, both partners, or neither of the partners had graduate, post graduate or doctoral degrees. Level of marital adjustment was higher when both husband and wife had equal higher education than when only one partner had a degree, overall adjustment was bettered when neither partners had a degree.

Mathur and Likhari (1985) employed marital adjustment scale, depression inventory and neurotic scale on 50 infertile and 50 fertile couples. Infertile couples in both samples show poor marital adjustment, poor depression and neuroticism. However, rural infertile couples were found more neurotic as compared to urban infertile couples.

Hussain and Sharma (1987) determined the relationship between marital adjustment scores and satisfaction with life scores among spouses of working and conventional couples. Results indicated that the significant positive relationship existed between scores of marital adjustment and satisfaction with life among subjects. Critical ratios yielded significant difference between husbands and wives of working couples, between husbands and wives of conventional couples and between wives of working couples and wives of conventional couples in the relationship scores of marital adjustment questionnaire and satisfaction with life scale.

Upmanyu and Chauhan (1987) conducted a study of marital adjustment of working and non-working women and

their attitudes towards marriage. The analysis of the results indicate that working have a positive attitude towards marriage where as non-working women have negative attitude towards marriage. Working women have better marital adjustment as compared to non-working women.

Bal (1988) selected 72 married couples for determining marital adjustment of dual earner couples in relation to marriage style. A comparison of working and non-working wives and husbands were done on adjustment scores of Patel's Battery of adjustment scale. Analysis of variance revealed that working and non-working status of wife does not affect adjustment scores for either wives or husbands on any of these scales. A significant column effect is observed for wives on the marriage adjustment scale and family adjustment scale indicating that adjustment scores significantly different for working and non-working wives for different marriage span. No significant difference on scores of sex adjustment scale was observed.

Arora et al. (1988) aimed to trace out the impact of marriage of adjustment literate female. Three groups (married, unmarried, divorce), where compared results revealed that marriage has a significant impact on adjustment of females. One major cause behind this fact is that ladies are over burdened due to abandoned responsibilities of a lady after marriage.

Modi and Murthy (1988) undertook the study to mental health of children of working mother results indicated poor intelligence scores in children of working mothers of the 12 pair age level. Personality changes were noted at different ages. Children of working mother were careless in the early years, emotionally slightly unstable but independent nature at later years compared the children of non-working mother. Poor adjustment was noted in children of working mother.

Shukla (1989) examined marital relationship in single and dual career families. Four aspects of marital relationship sociability, companionship, tension and happiness were assessed among husbands and wives. Arora revealed that no significant differences existed between the groups Parson's coefficient of correlation suggested various aspects of marital relationship to be significantly inter-correlated.

Kumar et al. (1989) attempted to examine the relationship of marital adjustment and mental health in married couples. Results showed that the high adjusted husbands and wives possessed better mental health status as compared to the adjusted husbands and wives. Sekaran (1976) tried to correlate three set of exogenous variable (individual differences, work, and non-work factors), two endogenous variables (job satisfaction and life satisfaction) a dependent variable (mental health) for husbands and wives in dual career families. The responses were analyzed to establish the links among variables. Cross sectional analyses showed that both the

endogenous variables (job satisfaction and life satisfaction) have direct influence on the mental health of the husbands and two of the exogenous variables, multiple roles stress and number of children had significant direct link to the mental health. For both the husbands and wives aged had a significant negative impact on job satisfaction.

Pandey and Monika (1996) study professionalism versus socialism of women employment. They examined the effect of profession on the social and marital adjustments of 100 non-working women. Subjects (aged 20-40 yrs.) completed Pramod Kumar's Marital Adjustment Questionnaire and R.C. Deva's Social Adjustment Questionnaire. The t-test was applied for comparisons of the 2 groups for marital and social adjustment. Significant differences were observed in the social and marital adjustments of working and non-working subjects. Non-working subjects obtained a significantly higher score on marital adjustment than working subjects. Results show that social and marital lives are affected adversely by the profession of women.

Tom Green (1997) studies the effects of stuttering upon psycho-social adjustment and personality characteristics of 12 females and 48 males who stutter were classified into three groups on the basis of the degree to which they perceived themselves as agent in social interaction with respect to their experiences as persons who stutter. The meaningfulness of their communication, their manner of perceiving and reacting

to psycho-social adjustment were assessed. The subjects who did not regard stuttering as a major obstacle with respect to attainment of these needs and objectives seemed to adjust ineffectively. Those who were indifferent with regard to the implications of their stuttering seemed to base their adjustment to most life situations on comprising means. The results support the view that stuttering may have devastating psycho-social effects.

Colton et al. (1999) examined the relationships among spiritual well-being, quality of life, and psychological adjustment in 142 women (aged 26-78 years) diagnosed with breast cancer. Participants were given a set of questionnaires that measured spiritual well-being, quality of life, and adjustment of cancer. Results indicate a positive correlation between spiritual well-being and specific adjustment styles. There was also a negative correlation between quality of life and use of a helpless/hopeless adjustment style, and a positive correlation quality of life and fatalism. After controlling for demographic variables and adjustment styles, spiritual well-being contributed very little additional variance in quality of life. Findings suggest that while spiritual well-being is correlated with both quality of life and psychological adjustment, the relationships among these variables are more complex and perhaps and indirect than previously considered.

Aminabhav, Vijayalaxmi, and Kamatak U. (2000) study the marital adjustment of working women and housewives. The

main objective of the study is to know the significance of difference between working women and housewives in their marital adjustment. The sample consists of 50 working women and 50 housewives (23-55 yrs.). The marital adjustment inventory developed by C.G. Deshpande (1988) was used to measure the marital adjustment of the two groups. The obtained responses were scored and subjected to a "t" test. Results revealed that the working women have significantly higher marital adjustment than that of the housewives. In addition to this it is also observed that women of the adult group and women who came from nuclear families have significantly higher marital adjustment than their counterparts.

Rice, Kenneth G. and Lapsley, Daniel K. (2001) examined the perfectionism, coping, and emotional adjustment studies the undergraduates (N=204, 71 men and 131 women; average 20.18, 95%White/European American) completed the Multidimensional Perfectionism Scale (Frost, Marten, Lohart, and Rosenblate, 1990), the Coping Inventory (Carver, Scheier, and Weimtraub; 1989), and the Personal-Emotional Adjustment subscale of the Student Adaptation to College Questionnaire (Barker and Siryk, 1984). Measures of coping and emotional adjustment revealed differences between three groups of students labeled adaptive, maladaptive, and non-perfectionists. Perfectionism and coping predicted emotional adjustment but coping as a moderator or mediator in the prediction of adjustment was not supported. There was support

for perfectionism as mediating dysfunctional coping. Implications for intervention and prevention are discussed.

Jain, Neeta and Jai Narain Vyasu (2001), marital adjustment and problems among working women, work status and dual role of working women influences their mental health. This study examined the adjustment problems of working women to test the hypothesis that adjustment problems would be higher among working women. A Marital Adjustment Questionnaire (P. Kumar and K. Rohtgi, 1985) and problem checklist (H.C. Joshi and J. Pandey, 1989) questionnaires were used to measure marital adjustment and other adjustment problems among 240 working and non-working women (aged 25-45 yrs.) selected from Government Organizations of Jodhpur City. Results indicate that non-working women had better understanding, more marital satisfaction and fulfillment of expectations, whereas the working women perceive little personal responsibilities for marital outcomes. Working women reported more harasses, less support, more psychosocial adjustment problems, higher level mental health hazards.

Owen, Claire J. and Adelphiv A.D. (2005) study the empty nest transition, the relationship between attachment style and women's use of this period as a time for growth and change. The principle focus of the study was to investigate how or if women used the transition through the empty nest as an opportunity for change and growth, if attachment style contributed to satisfactory adjustment to the empty nest

transition. The 100 participants were primarily Caucasian, middle-class, working women, with their children having left home primarily to go to college. Measures used were the satisfaction with life scale (SWLS), the social support questionnaire, multi-item measure of adult attachment to the empty nest measure developed by this researcher for the present study. The adult attachment consisted of four attachment scales (secure, dismissing, fearful, and avoidant) as well as the dimensions of avoidance and anxiety. The 59-item adjustment to the empty nest measure included the following domains: anticipation of life changes as a result of the emptied nest, financial concerns, marital satisfaction, career satisfaction, and attitudes towards ageing. Major findings were that women who reported highest levels of adjustment to the empty nest transition were those classified in the secure attachment cluster. Women in the secure attachment cluster were not, however, those most likely to view this period as a time for growth and change. It appears that those women who scored higher on the anxiety dimension were significantly more likely to view the domain of growth and change positively than those who scored lower. Higher levels of adjustment were also reported by women who reported they had a 'Career' Vs 'Just a Job'. There was not, however, a significant relationship between adjustment to the empty nest transition and overall satisfaction with life. Women who had strong social support systems were more likely to report overall satisfaction with

their lives, although having a strong social support system did not appear to be necessary to adjustment.

Hashmi H.A., Khushid M.A and Hassan I. (2006) study the Marital Adjustment, Stress and Depression among Working and Non-Working Married Women. The study is aimed at exploring the relationship between marital adjustment, stress and adjustment. Sample of the study consisted of 150 working and non-working married women (working married women=75, non-working married women=75). Their age ranged between 18 to 50 years. Their education was at least gradation and above. They belong to middle and high socio-economic status.)The Results indicated highly significant relationship between adjustment, depression and stress. The findings of the results also show that working married women have to face more problems in their married as compared to non-working married women. The results further show that highly educated working and non-working married can perform well in their married life and they are free depression as compared to educated working and non-working married women.

Social Support

Houston and Kelly (1989) studied hostility in employed 91 women in relation to work and marital experiences, social support, stress, and anger expression. Subjects with higher hostility scores having more stressful job experiences and feeling more daily stress and tension. Hostility scores were not found to be significantly related to stressful marital experiences

or quality of general social support, although there were trends for hostility scores to be negatively related to social support from the subject supervisors and husband. Higher hostility scores were related to greater outward expression of anger.

Leslie (1989) examined the role of social relationships in husbands' and wives' adjustment to work and family stress in 60 dual-income couples. Men and women who reported greater stressors experienced less well-being, with women focusing more on family stressors than men. The concepts of social support considered were of little benefit in understanding adjustment in this sample, although social support better predicted adjustment for women than for men.

Ladwig et al. (1990) examined the role of social support provided by spouse, friends and relatives on relationships between strains and depressive affect among 93 women. Strains from three life domains including financial, marital, and parental were measured. Results indicate that social support operated differently depending on the source of support operated and type strain experienced. Results confirmed the main effect and coping hypotheses. Only support provided by relatives played a significant moderating role in the strain-outcome relationship. Jennings (1990) studied stress, locus of control, social support, and psychological symptoms among 300 head nurses. Results suggested the hypotheses that perceived stress from both work and non-work sources was positively related to psychological symptoms. Direct effects for both

internal locus of control and social support while weak were manifested as expected; these variables demonstrated a negative relationship with psychological symptoms. None of the hypothesized buffering effects were detected. Regardless of gender, the head nurses' psychological symptoms were one standard deviation higher than non-patient norms.

Denton (1990) examined the relationships between bonding and supportive behavior among Black Professional women. Findings revealed two major types of supportive relationships: (i) other-oriented, in which subjects bonds with other Black Women emphasized the provision of support to the other, and (ii) self-enhancing, in which subjects bonds with other black Women were reciprocal in nature or were oriented toward self. Three main functions of support were found within these relationships: (1) social companionship, (2) task help, and (3) supportiveness. The receipt of supportiveness resulted in the highest among subjects, thus most effectively validating and addressing their experience of bicultural stress.

Nelson and Quick (1991) conducted a longitudinal study of 51 male and 40 female new-corners to three separate organizations. The effects of availability and helpfulness of 10 sources social support on subjects' reports of psychological distress, satisfaction and intention to leave and on their supervisor' assessments of their performance ratings were examined. The availability of support activities such as offsite training sessions and business trips was associated with

decreased psychological symptoms. Helpfulness of various relationship supports from the supervisor and the secretary.

Abdalla (1991) examined the differential moderating effects of life versus work support resources on the relationships of three job stressors (role conflict, ambiguity and overload) to employees perceived skill use and job satisfaction. For 291 males, both work and life social support existed the negative affects of role ambiguity on both criterion variables. For 220 females, life social support moderated the job stress-skill utilization relationship and work social support moderated the job stress, job satisfaction relationship.

Parasuraman et al. (1992) examined relationships among Work and Family Role Stress (WFRS), Work-Family Conflict (WFC), Social Support (SS) and Well-Being (WB) in the sample of 119 men and 119 women who were partners in double carrier relationship. Results showed that within domain relationship of stressors with well-being are stronger than between domain relationships. Thus, work and family role stressors were primarily related to job satisfaction and family satisfaction respectively, whereas work and family role stressors as well as WFC were associated with over all life stress. Similar results were found in the relationships of SS with WB. Work support was associated with increased job satisfaction, while spouse support was associated with greater family satisfaction. Gender differences were also found in the relationships of stressors and SS with WB.

Hibbard and Pope (1992) conducted a survey of 140 women to examine the extent to which social support at work is protective against death and the degree to which it explains mortality differences between employed women and those not in paid employment. Women's total role responsibilities and community involvement, as an alternative source of social support and social integration were also considered in the analysis. Results suggest that social support at work was protective against risk differences between employed and non-employed women. Employed women had a lower risk of death over a 15-year follow up period, employed and unemployed in terms of some community involvement.

Mansfield et al. (1992) studied the beneficial effects of job satisfaction in relation to social support at work and home in 85 female clerical workers. Results indicate that perceived social support from coworkers, supervisors and spouse contributed to greater job satisfaction.

Aston and Lavery (1993) evaluated the health of women in paid employment: effects of quality of work role, social support and cynicism on psychological and physical well-being. The benefits of the workplace experience for women were examined in terms of four determinants: rewards and concerns intrinsic to the job, rewards and concerns extrinsic to the job, social support and cynicism as a measure of attitude. Benefits were identified in terms of three psychological well-being measures: self-esteem, depression and quality of life and in

terms of one physical well-being measure: symptomatology. Findings with regard to the beneficial effects of social support in the work place were not specific; however a cynical attitude can influence the value of the work role, with effects being particularly marked in the clerical group.

Aston and Lavery (1993) using multiple regression analysis in their study examined the contribution of demographic, job-related, social support and care giving variables to the prediction of work- family conflict, stress and job satisfaction among a sample of 101 hospital based nurses who had responsibility for the care of a child and/or an elderly relative. The results revealed that family support, perceived organizational support for family life; perceived workload size and involvement in child care were mainly responsible for the outcomes studied.

Greenglass (1993), the role of social support in the development of coping forms employed by 114 Canadian women and men managers when they are coping with job stress, perceived support from one's boss and relatives and friends was assessed. Instrumental, preventive and palliative coping forms were measured. Regression results indicated that support from one's was a significant contribution to preventive and instrumental coping in women only additional findings were that relative and friend support was a significant negative contributor to palliative coping strategies also in women only.

Vroege and Aaranson (1994) investigated the relationship between type A behavior and social support among 89 working women, 42 of the subjects were classified as type A, and 47 of the subjects were type B. Type A subjects were more likely than type B subjects to become very angry plunge into their work and were less likely to try to forget problems. Type A subjects also less inclined to consider family as important members of their social network, but were more likely to report feeling that they were not sufficiently cared for or loved.

Murata (1994) examined the relationships between family stress, social support, mothers conflict resolution tactics, and son's behavior in a group of 23 predominantly African-American, inner-city low-income mothers who lived alone with their children. Using the family stress and adaptation theoretical framework, data from the sample of low-income in which family stress is a precursor of mothers' aggressive and violent conflict tactics and sons' internalizing or anxious, depressed, somatizing, and socially withdrawn behavior. The sample reported more family stress and less social support than normative with Anglo-Saxon protestant families.

Sheffield, Dobbie, and Carnoll (1994) examined the relationship between stress and social support (SS), and indices of psychological and physical health among 88 secondary school teachers. Bivariate correlation analysis revealed associations between life and job stress and a variety of general Health Questionnaire measure of psychological well-being. Job

stress was also correlated with self-reported short-term sickness absence from work. SS measures did not generally predict psychological health outcome measures. In contrast, neither stress nor SS measures were related to self-reported physical health problems or long-term sickness absence. Results indicate that self-reported stress was largely associated with psychological well-being, and was not substantially related to indices of physical well-being.

Geller and Hobfall (1994) examined gender differences in job stress, tedium and social support in the work place for 61 men and 55 women. The differential effects of each source of support (supervisor, coworker, and partner) on tedium and job stress were also assessed. Results from self-report questionnaires show that women and men reported similar amounts of job stress and similar amounts of work support. Women reported the experience of more household assistance than men. Workplace support was found to be more effective for men than for women, for men, household.

Unden (1994) studied social support at work and its impact on health. Social support had a predominantly linear relationship with heart rate; subjects with the least social support had the highest heart rate. In another study, Unden assessed employee absenteeism as a function of social support in 133 adult clerical workers.

Kerabik and assistance was related to lower tedium, but for women, household assistance was related to greater tedium.

Van Kampen (1995) examined the influence of sex and gender role orientation on social support and coping with work stressors in 17 men and 18 women managers. Biological sex was more important in determining work stressors experience whereas gender-role orientation was more influential in affecting coping and social support. Women reported encountering more work stressors and coping with general stressful situation through self-blame. Subjects high in expressivity were more likely to report coping with specific social support through both avoidance and seeking support, than those low in expressivity. They also reported receiving more social support than did not those low in expressivity. Subjects who perceived that they had good social support at work had a lower level of absenteeism and reported fewer psychosomatic symptoms than those who perceived their social support as unsatisfactory.

Benin and Keith (1995) surveyed 423 African-American and 1288 Anglo women with young children who are employed 20 or more hours per week to determine the amount of social support they received. These women are at heightened risk for role strain. Supports received from family and friends were analyzed separately. Care for sick and out-of-school children was deemed to be a particularly important source of support and African-American were more likely than Anglos to receive their support than more affluent mothers.

Walsh and Jackson (1995) assessed the ways in which partner support and gender mediate the individual's experience of active coping in unemployment. The results revealed the impact of gender and partner support on the meaning, value and impact of purposive activity in a sample of 75 unemployed women and men with dependent children. Subjects with supportive partners reported better relationship quality lower severity of problems, on a lower incidence of use of both active and avoidance coping strategies and less reliance on the support of professionals. Women reported poorer relationship quality, while lack of support from the partner had a much a greater need for practical help, outside the family.

Singh and Arora (1998) studied the relationship between job stress and social support among Indian Nurses. Research indicates that stress among hospital nurses results from an organizational structure that frequently subjects nurses to role conflict and ambiguity. In addition, nurses experiences stress because of conflicts between the instrumental and expressive functions they perform.

Cortina and Lilia (2004) examined the surveys of social support in the contexts of sexual harassment and Hispanic American culture. Sample of 249 American working women, encounter with sexual harassment at work. Regression about support seeking behavior which appeared largely dependent on the social power of the harassment perpetrator. Finding about support perception patterns; harassed women perceived more

supportive social reactions when they turned to informal networks of friends and family, but responses were less positive when they turned to formal, finally, as expected, perceived support and acculturation interacted to moderate relations between sexual harassment and job satisfaction.

Plaisier and Inger (2007) study the contribution of working conditions and social support to the onset of depression and anxiety disorders among male and female employees. Poor working conditions may be an important source of stress and may therefore contribute to the development of depression and anxiety disorders. Social support may act as a buffer and protect against the development of depression or anxiety in the face of poor working conditions with longitudinal data from the Netherlands' mental health survey and incidence study (NEMESIS). The effect of working conditions and social support on the incidence of depressive and anxiety disorders was examined among 2646 working men and women, aged 18 through 65 years. Three dimensions of self reported working conditions were assessed: psychological demands, decision latitude and job security. Social support was assessed through validated scales for daily emotional support. About 10.5% of working women and 4.6% among working men developed an incident depressive and/or anxiety disorder over 2 years. Psychological demands predicted the incidence of depressive and anxiety disorders in both men and women (RR per score increase = 2.29, 95% CI 1.44-3.63), whereas decision latitude and job security did not social support protected against the

incidence of depressive and anxiety disorders. Thus, effect was stronger for men compared to women. Social support did not buffer the unfavorable mental effect of working conditions. Women were more likely to report low levels of decision latitude, whereas men reported higher psychological demands. Working conditions did not explain sex differences in the incidence of depressive and anxiety disorders.

Adejumo and Adebayo (2008); Influence of social support, work overload, and parity on pregnant career women's psychological well-being of pregnant career women was investigated. Women executives (N2=00) attending antenatal clinics were selected. A 2 X 2 X 2 analysis of variance (ANOVA) revealed significant independent influence of social support ($F(1, 199) = 26.5, P < 0.05$) and work overload ($F(1, 119) = 461.76, P < 0.05$), and significant joint effect of social support and work overload were also not significant ($F(1, 199) = 0.08, P > 0.05$). Social support and appropriate work incentives are helpful in assisting pregnant women executives in coping with psychological changes during pregnancy.

Psychological Well-Being

Goyel and Sivach (1994) examined the relationship between subjective well-being and life stress among defense and civilian personnel of different age groups. There were negative correlations between subjective well-being and life stress. There was no significant difference among the different age groups of personnel in reporting subjective well-being. This

showed that the age did not affect the experience of subjective well-being. Occupation affected the experience of subjective well-being of defense and civilian personnel.

Makowska (1995), attempted to identify psychosocial determinants of stress and well-being in occupationally active women. The significance of the work related stressors was evidently greater than that of the stressors associated with the family function, although the relationship between family functioning, stress and well-being was also significant.

Wharton and Erickson (1995) investigated the relations between women's job and family emotion work and the effects of both on women's job-related well-being. Results show that performance of family emotion work had negative consequences for women's job-related well-being. While subject involvement in emotion work resulted in lower job-related well-being, these negative consequences stemmed from family emotion work they performed rather than from their performance of emotional labor on the job. By contrast, subject job-related well-being was not as much at risk from women's performance of emotional labor at work.

In their study of association between stressful life events and psychological well-being of mother, Taylor, Roberts and Jacobson (1997) found that family disruption and work related stress was positively related to mothers' psychological distress.

Ross and Von (1997) propose that education improves well-being, because it increases paid work and economic resources that increase the sense of control over life, as well as access to stable social relationships, especially marriage, that increase social support. In a study they observe that the well educated have lower levels of emotional distress (including depression, anxiety, and anger) and physical distress (including aches and pain and malaise).

Christensen, Stephens and Townsend (1998), examined well-being and mastery in women's multiple roles such as providing care to an impaired parent, mothers to children living as housewives and employees. Data revealed that women's satisfaction with life was related to an accumulation of mastery across roles.

Kim (1998) examined gender role attitudes and role qualities in relation to psychological well-being of employed and non-employed Korean mothers. Results showed that employed mothers did not differ in their psychological well-being according to their children's gender while non-employed mothers with at least one son showed greater psychological well-being than those without a son. Demonstrating the importance of congruency between women's attitudes toward gender role and their current roles, employed mothers with more liberal gender role attitude showed greater well-being while non-employed mothers with more traditional attitudes showed higher levels of well-being. Last although all role qualities were

positively related to mothers' well-being in both groups, the significance of wife role quality in determining mothers' well-being was salient in the employed group.

In the telephonic interview with 366 householders (aged 18-65 years), Fox and Chancey (1998) examined relationship between 6 measures of economic stress, financial adequacy, perceived economic well-being, respondent's and partner's job instability, and respondent's and partner's job insecurity and 7 measures of individual and family well-being. For both women and men, perceived economic well-being was generally the strongest predictor of measures of individual and family well-being. For men as well as women, spouse's job variables were important predictor of measures of family well-being. The respondents own job instability and insecurity appeared more important to women than men and more so for family than individual well-being outcomes. Two alternatives pathways are proposed and partially supported for the influence of economic factors on individual well-being.

The findings of the study conducted by Magaletta and Oliver (1999) suggest that hope, self-efficiency, and well-being might all be thought of as cognitive sets that might reflect a positive orientation towards experience and thus, contribute to well-being. It is further suggested that the major difference in hope and well-being appears to lie in their temporal orientation, hope refers to future, and well-being has always been measured regarding the recent past.

Changes in the nature of work and the entry of women into the workforce have had important consequences for psychological well-being. Jobs that are opportunistic for control have negative consequences for mental health (Cunnon, 1999). Cunnon further holds the view that unemployment has a negative effect on well-being because it produces anxiety, depression, and reduces self esteem and economic security. It is also important to examine the economic context within which individuals experience unemployment.

Aryee, Luk, Leung, and Lo (1999), examined the relationship between role stressors and well-being and the moderating influences of spousal support and coping behavior among dual-earner families. The results reveal that which parental overload was related to family-work conflict (FWC), work overload was related to both work-family conflict (WFC) and FWC. FWC was negatively related to job and life satisfaction, but neither WFC nor FWC was related to family satisfaction. Emotional and problem-focused coping was related to life satisfaction. However, with the exception of the moderating influence of emotion-focused coping on the relationship between FWC and job satisfaction, the behaviors were highly ineffective.

Clan and Joseph (2000) examined the association between personality, self-relevant intrinsic and extrinsic values and expectations and psychological well-being. 40 male and female college students (aged 18-37 years) completed the Eysenck

Personality Questionnaire, the aspiration index, as well as measures of happiness, self-actualization and self-esteem, scores on the personality and aspiration scales were entered together in a regression equation to predict scores in a happiness, self-actualization, and self-esteem. In accordance with previous research it was found that greater extraversion and success were associated with higher scores on happiness, self-actualization, self-esteem. The author also found that likelihood of self-acceptance was associated with higher scores on self-actualization and likelihood of community feeling was associated with higher scores on happiness.

Rao and Kiran (2003) conducted a study on the coping and subjective well-being in women with multiple roles, working women experience a considerable amount of strain. Studies indicate that they enjoy a high level of spousal support have been examined in relation to well-being, the role of coping styles has not received much attention, 60 married, working women were individually interviewed with regard to reasons for employment and support availability and administered the coping checklist and subjective well-being inventory. On stepwise multiple regression analysis, greater use of social support seeking and less use of denial as coping styles, absence of multiple role strain, working to be financially independent, availability of support and refusal of job promotion were significant predictors of well-being.

Abbott and Rosemary (2008) study the relationship between early personality and mid-life psychological well-being: Evidence from a UK birth Cohort study, individual differences in personality influence the occurrence, reporting and outcome of mental health problems across the life course, but little is known about the effects on adult psychological well-being. The aim of the study was to examine long range associations between Eysenck's personality dimensions and psychological well-being in mid life. Methods: the study sample comprised 4134 women from 1946 British birth Cohort extraversion and neuroticism were assessed using the Mandsley personality inventory in adolescence (age 16 yrs.) and early adulthood (age 26). Psychological well-being was assessed at age 52 with a 42-item version of Ryff's psychological well-being scale. Analyses were undertaken within a structural equation modeling framework that allowed for an ordinal treatment of well-being and personality items, and latent variable modeling of longitudinal data on emotional adjustment. The contribution of mental health problems in linking personality variations to later well-being was assessed using a summary measure of mental health (emotional adjustment) created from multiple time-point assessment. Results: women who were more socially outgoing (extravert) reported higher well-being on all dimensions. Neuroticism was associated with lower well-being on all dimensions. The effect of early Neuroticism on midlife well-being was entirely mediated through emotional adjustment defined in terms of continuities in psychological/

psychiatric distress. The effect of extraversion was not mediated by emotional adjustment nor alienated after adjustment for neuroticism. Conclusions: Individual differences in extraversion and neuroticism in early adult life influence levels of well-being reported in midlife.

These aforesaid studies have turned out to be useful to the investigator because they through light upon the theoretical aspects of the issues. The arguments we have advanced in favor of the view that adjustment, social support and psychological well-being among working and non-working women are differ in these variables.

To sum up the studies whether they directly touch upon the problem “a comparative study of adjustment, social support and psychological well-being among working and non-working women are concerned with some other variables, are highly enlightening and helpful for the purpose of the present study.

Objectives:

The objectives of the study are:

1. To compare adjustment and its dimensions among working and non-working women.
2. To compare social support and its dimensions among working and non-working women.
3. To compare psychological well being and its dimensions among working and non-working women.

Chapter 3
METHODOLOGY

Chapter 3

METHODOLOGY

As mentioned in the preceding chapters the present research was planned to study the adjustment, social support and psychological well-being among the working and non-working women. More specifically, the present investigation was undertaken to test— research in any discipline is a ceaseless effort and is conducted for many reasons. Some researches are of exploratory nature in which attempts are made to probe something to add to the existing knowledge concerning to certain phenomenon. Some researches are planned in such a manner to verify some facts so as researches may be of varied nature depending upon the purpose in search of knowledge to arrive at some conclusions. In social science research attempts are made to find out some solutions pertaining to social problems of different nature. The basic idea behind conducting any scientific research is to evaluate the after effects of certain variables in search of some alternative courses of action to improve the decision-making ability and to add something in the existing body of knowledge. Any scientific endeavor opens new ways for future research in order to understand certain phenomenon and the world in which we live. Research cannot be conducted without a well planned research design, so every researcher has to follow various important steps by implying most suitable procedures in order to gather information relating to the variables under

investigation. The information gathered systematically is analyzed for the purpose of interpretation and drawing meaningful conclusions. Every researcher should take utmost care in planning and designing a research plan to be carried out in well plan in an objective manner employing scientific procedure to arrive at valid, objective, accurate and economic solution of the problems. It is a very important for a researcher to be careful in selecting the samples by utilizing the most suitable and appropriate sampling technique selecting standardized tools and applying appropriate statistical test for the analysis of data. Edward (1956) pointed out that in research, we do not haphazardly make assumption of any or all kinds but rather our attention is directed towards those observations that believe to be relevant to the question we previously formulated and the objective of research as recognized by all sciences, answering the question of one's interest. According to Kothari (1995), research design can be considered as a blue print for the collection, analysis and interpretation of data. In the light of mentioned about facts and taking into consideration the requirement scientific research the present researcher took all possible measure to make this piece of research work more objective and scientific.

Research Design:

It is a comparative study. The researcher applied t-test to measure the mean differences between the two comparison groups taken for study.

Hypothesis:

1. H_1 , there will be a significant difference of total adjustment among working and non-working women.
2. H_2 , there will be a significant difference of home adjustment (dimension of adjustment) among working non-working women.
3. H_3 , there will be a significant difference of health adjustment (dimension of adjustment) among working and non-working women.
4. H_4 , there will be a significant difference of social support (dimension of adjustment) among working and non-working women.
5. H_5 , there will be a significant difference of emotional adjustment (dimension of adjustment) among working and non-working women.
6. H_6 , there will be a significant difference of occupational adjustment (dimension of adjustment) among working and non-working women.
7. H_7 , there will be a significant difference of total support among working and non-working women.
8. H_8 , there will be a significant difference of tangible support (dimension of social support) among working and non-working women.
9. H_9 , there will be a significant difference of appraisal support (dimension of social support) among working and non-working women.

10. H_{10} , there will be a significant difference belonging support (dimension of social support) among working and non-working women.
11. H_{11} , there will be a significant difference of psychological well-being among working and non-working women.
12. H_{12} , there will be a significance difference among working and non- working women for good mental health (dimension of psychological well- being).
13. H_{13} , there will be a significant difference of poor mental health (dimension of psychological well-being) among working and non-working women.
14. H_{14} , there will be a significant difference of social support (dimension of psychological well-being) among working and non-working women.
15. H_{15} , there will be a significant difference among working and non-working women for social stressor (dimension of psychological well-being).
16. H_{16} , there will be a significant difference of work support (dimension of psychological well-being) among working and non-working women.
17. H_{17} , there will be a significant difference work stress (dimension of psychological well-being) among working and non-working women.
18. H_{18} , there will be a significant difference personal support (dimension of psychological well-being) among working and non-working women.

19. H_{19} , there will be a significant difference of for personal stressor (dimension of psychological well-being) among working non-working women.

Assessment Measures:

(A) Bell's Adjustment Inventory:- In the present investigation the Bell's adjustment inventory developed by H.M. Bell (1934), as an adjustment measuring instrument was used. This scale was a measure of overall adjustment as well adjustment in various areas such as home, health, emotional, social and occupational adjustment. This scale consists of 150 items with three choice response alternatives of 'Yes', 'No' and "Can't Say". The maximum possible score on the scale for a subject may go up to 150 while minimum possible score is as small as zero. The level of adjustment is negatively related to the scores which means higher the scores of a subject on the scale lower the adjustment and vice versa. This inventory could be administered upon a group as well on a single respondent also. The inventory contains self sufficient instruction for its administration. This inventory of course, is suitable for literate subjects who can read and follow the instructions printed on it. The inventory has been written in simple language and its items depict day to day common situations of various spheres of human personality adjustment. The scale has been found highly reliable and valid. Coefficients of Reliability (N=84) home adjustment .91, health adjustment .81, social adjustment

.81, emotional adjustment .91, occupational adjustment .85 and total score .94.

(B) Social Support Scale:- In order to measure social support among working and non working women, social support scale constructed by Cohen, Mermelstein, Kamarck and Hoberman (1985) was used. This test is very simple but highly efficient test. This test measures the over all perceived social support of the respondents as well as three domains of social support namely , tangible support, appraisal support and belonging support. This scale consisted of 15 items enquiring about the level of support elicited by the respondents. This scale is a four point rating scale having four alternative response categories, ranging from, for (4) completely true (3) for some what true. (2) For somewhat false (1) for completely false. This scale used close system of response mechanism. The maximum possible score of the respondent on this scale may go up to the 60 while minimum possible score is a low as 15 .The level of social support is positively related to the scores which means higher the score of the respondent on the scale the higher the social support and vice versa. This scale demonstrated high reliability and validity across social support studies its test retest reliability is 0.87 and convergent validity is 0.46 respectively.

(C) Psychological Well-Being Scale:- The psychological well- being scale developed by Nishizawa (1996) was used to assess psychological well-being of working and non working

women in the present investigation. This scale comprised of forty items. This scale measures the overall psychological well being as well as 8 dimensions of psychological well being namely good mental health, poor mental health, social support social stressors work support and personal support and personal stressors. It is a five point scale having five alternative response categories, ranging from, (5) Applies very well (4) Applies quite well (3) Applies moderately (2) Applies very slightly (1) don't apply at all. The maximum possible score of the respondent on this scale is 200 and lowest scores are 40. This scale is highly reliable and valid scale. Its test re-test reliability is 0.79 and convergent validity is 0.83 respectively.

Sample:

After having ascertained the suitability of the tools to be used for the present study, the next step was to select a representative sample of the working and non-working women on which the tests could be administered. The sample of the present investigation was randomly selected from a large population of working and non-working women from Uttar Pradesh and Manipur states. The total strength of the sample constituted of 200 women of which 100 were the working women and 100 were non-working women. In the processing of the sample, the age range of the respondents was from 25 to 50 years.

Procedure:

After selecting the sample of the present research, the researcher distributed the three scales namely: adjustment scale, social support scale and psychological well-being scale; individually to the respondents. Person to person contact were made and each individual was separately instructed to read questionnaire carefully and if there is anything vague in the written material, they were asked to clear up by asking researcher. The respondents were generally contacted during their working in office and in many cases appointments were made to meet at home were fixed. In the beginning, before administering the scales on the working and non-working women a good support was established with respondents by the researcher. The researcher also removed all the apprehensions and misconceptions of the respondents regarding the study and further, was assured of the confidentiality of their responses. The researcher further requested the respondents to extend their full co-operation in filling the required information in adjustment, social support and psychological well-being scales and returned them to the researcher. Likewise, the researcher collected the data from all the respondents of Uttar Pradesh and Manipur states.

Statistical Analysis:

It is mandatory for every research to select most appropriate statistical technique for the purpose of analysis of the data but it is not simple task because selection of suitable

statistical test for data analysis depends upon the nature of the data and design of the study. The data obtained from the working and non working women from Manipur and U.P states of India is analyzed by means of the t-test. Keeping in view of the comparison of two groups of women on various facets of adjustment, social support and psychological well being is useful and serve the purpose of the investigation. The mean differences obtained between various facets of these variables will determine that how far these two groups of working and non-working women's are different in terms of their various levels of adjustment, social support and psychological well being.

Chapter 4
RESULT AND DISCUSSION

Chapter 4

RESULT AND DISCUSSION

This chapter presents the statistical analysis of the data obtained for this investigation and interpretation thereof. As pointed out in the preceding chapter, in order to study the comparisons between working and non-working women with regard to their adjustment, social support and psychological well-being the 't- test' was used. The results of this analysis are shown in different tables which are as follows-

Table-1

Showing the comparison of total adjustment among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	50.62	13.67	0.29	5.07**
Non-working women	100	62.03	18.31		

* Significant at .05 levels

** Significant at .01 levels

Above, table-1 shows the comparison between working and non-working women for the total adjustment. The mean scores for women is 50.62 and for non-working women is 62.03 and their SDs are 13.67 and 18.31, respectively. The SERR or Standard error comes out as 0.29. The t-value is 5.07, which is significant at .01 levels, indicating a significant difference

between the total adjustments of working and non-working women showing a higher adjustment among working women as compared to non-working women.

Thus, H_1 is accepted. Hence, there is a significant difference of total adjustment between the two comparison groups of working and non-working women.

Table-2

Showing the comparison of home adjustment (a dimension of adjustment) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	10.49	3.19	0.31	3.26**
Non-working women	100	10.02	3.65		

* Significant at .05 levels

** Significant at .01 levels

Table-2 shows the comparison between working and non-working women for home adjustment (a dimension of adjustment). The mean score for working women is 10.49 and for non-working women is 10.02 and their SDs are 3.19 and 3.65, respectively. The SERR or standard error comes out as 0.31. The t-value is 3.26, which is significant at .01 levels, indicating a significant difference between home adjustments of working and non-working women showing that working women

are higher on home adjustment as compared to non-working women. Thus, non-working women scored higher on home adjustment (a dimension of adjustment), as compared to the working women.

Thus, H_2 is accepted. Hence, there is a significant difference of home adjustment (a dimension of adjustment) between the two comparison groups of working and non-working women.

Table-3

Showing the comparison of health adjustment (a dimension of adjustment) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	9.09	3.75	0.55	6.28**
Non-working women	100	12.57	4.19		

* Significant at .05 levels

** Significant at .01 levels

Table-3 shows the comparison between working and non-working women for health adjustment (a dimension of adjustment). The mean score for working women is 9.09 and for non-working women is 12.57 and their SDs are 3.75 and 4.19, respectively. The SERR or standard error comes out as 0.55. The t-value is 6.28, which is significant at .01 levels, indicating

significant difference between health adjustments of working and non-working women. Thus, working women scored lower on health adjustment (a dimension of adjustment), as compared to the non-working women.

Thus, H_3 is accepted. Hence, there is a significant difference of health adjustment (a dimension of adjustment) between the two comparison groups of working and non-working women.

Table-4

Showing the comparison of social adjustment (a dimension of adjustment) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	12.47	3.61	0.57	6.14**
Non-working women	100	5.99	4.78		

* Significant at .05 levels

** Significant at .01 levels

Above table-4, indicating the comparison between working and non-working women for social adjustment (a dimension of adjustment). The mean score for working women is 12.47 and non-working women is 15.99 and their SDs are 3.61 and 4.78, respectively. The SERR or standard error comes out as 0.57. The t-value is 6.14, which is significant at .01 levels, indicating

a significant difference between social adjustment of working and non-working women. Thus, non-working women scored higher on social adjustment (a dimension of adjustment), as compared to the working women.

Thus, H_4 is accepted. Hence, there is a significant difference of social adjustment (a dimension of adjustment) between the two comparison groups of working and non-working women.

Table-5

Showing the comparison of emotional adjustment (a dimension of adjustment) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	9.30	3.8	0.64	4.82**
Non-working women	100	12.42	5.11		

* Significant at .05 levels

** Significant at .01 levels

Table-5 shows the comparison between working and non-working women for emotional adjustment (a dimension of adjustment). The mean score for working women is 9.30 and non-working women is 12.42 and their SDs are 3.8 and 5.11, respectively. The SERR or standard error comes out as 0.64. The t-value is 4.82, which is significant at .01 levels, indicating a significant difference between emotional adjustments of

working and non-working women. Thus, non-working women scored higher on emotional adjustment (a dimension of adjustment) as compared to the working women.

Thus, H_5 is accepted. Hence, there is a significant difference of emotional adjustment (a dimension adjustment) between the two comparison groups of working and non-working women.

Table-6

Showing the comparison of occupational adjustment (a dimension of adjustment) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	9.41	3.27	0.58	0.32
Non-working women	100	9.22	5.2		

* Significant at .05 levels

** Significant at .01 levels

Table-6 shows the comparison of occupational adjustment (dimension of adjustment) between working and non-working women. The mean score for working women is 9.41 and for non-working women is 9.22 and their SDs are 3.27 and 5.2, respectively. The SERR or standard error comes out as 0.58. The t-value is 0.32, which is not significant indicating non significant difference between the occupational adjustment

(dimension of adjustment) of working and non-working women. Thus, non-working women scored higher on the occupational adjustment, as compared to the working women.

Thus, H_6 is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on occupational adjustment (a dimension of adjustment).

Table-7

Showing the comparison of total social support among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	37.68	6.26	0.78	0.20
Non-working women	100	37.46	4.83		

* Significant at .05 levels

** Significant at .01 levels

The above table shows the comparison between working and non-working women for total social support. The mean score for working women is 37.68 and non-working women 37.46 and their SDs are 6.26 and 4.83, respectively. The SERR or standard error comes out as 0.78. The t-value is 0.20, which is not significant, indicating non significant difference between total social supports of working and non-working women. Thus, working women scored higher on total social support as compared to the non-working women.

Thus, H_7 is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on total social support.

Table-8

Showing the comparison of tangible support (dimension of social support) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	11.13	2.80	0.36	3.03**
Non-working women	100	12.23	2.14		

* Significant at .05 levels

** Significant at .01 levels

Above table-8, indicating the comparison between working and non-working women for tangible support (dimension of social support), the mean score for working women is 11.13 and non-working women is 12.23 and their SDs are 2.80 and 2.14, respectively. The SERR or standard error comes out as 0.36. The t-value is 3.03, which is significant at .01 levels, indicating a significant difference between tangible supports of working and non-working women. Thus, non-working women scored higher on tangible support (a dimension of social support) as compared to the working women.

Thus, H_8 is accepted. Hence, there is a significant difference of tangible support (a dimension of social support) between the two comparison groups of working and non-working women.

Table-9

Showing the comparison of appraisal support (a dimension of adjustment) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	13.33	2.67	0.33	0.64
Non-working women	100	13.11	2.20		

* Significant at .05 levels

** Significant at .01 levels

The table-9 shows the comparison between working and non-working women for appraisal support (a dimension of social support). The mean score for working women is 13.33 and non-working women 13.11 and their SDs are 2.67 and 2.20, respectively. The SERR of standard error comes out as 0.33. The t-value is 0.64, which is not significant, indicating non significant difference between appraisal supports of working and non-working women. Thus, working women score higher on appraisal support (a dimension of social support) as compared to the non-working women.

Hence, H_9 is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on appraisal support (a dimension of social support).

Table-10

Showing the comparison of belonging support (a dimension of social support) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	13.57	2.89	0.40	3.15**
Non-working women	100	12.28	2.65		

* Significant at .05 levels

** Significant at .01 levels

Table-10 shows the comparison between working and non-working for belonging support (a dimension of social support). The mean score for working women are 13.57 and non-working women 12.28 and their SDs are 2.89 and 2.65, respectively. The SERR or standard error comes out as 0.40. The t-value is 3.15, which is significant at .01 levels, indicating a significant difference between belonging support of working and non-working women. Thus, non-working women scored lower on belonging support (a dimension of social support) as compared to the working women.

Thus, H_{10} is accepted. Hence, there is a significant difference of belonging support (a dimension of social support) between the two comparison groups of working and non-working women.

Table-11

Showing the comparison of total psychological well-being among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	121.88	15.85	2.23	0.73
Non-working women	100	120.24	13.83		

* Significant at .05 levels

** Significant at .01 levels

Above the table-11 shows the comparison of total psychological well-being between working and non-working women. The mean score for working women are 121.88 and non-working is 120.24. And their SDs is 15.85 and 13.83, respectively. The standard error or SERR comes out as 2.23, the t-value is 0.73, which is not significant, indicating a non significant difference between the total psychological well-being of working and non-working women. Thus, the working women are higher on the total psychological well-being as compared to the non-working women.

Thus, H_{11} is rejected. Hence, the two comparison groups between the working and non-working women are not differed significantly on total psychological well-being.

Table-12

Showing the comparison of good mental health (a dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	18.50	4.00	0.56	1.88
Non-working women	100	17.43	4.03		

* Significant at .05 levels

** Significant at .01 levels

Table 12 shows the comparison between working and non-working women for good mental health (a dimension of psychological well-being). The mean score for working women is 18.50 and for non-working women is 17.43 and their SDs are 4.00 and 4.03, respectively. The SERR or standard error comes out 0.56. The t-value is 1.88, which is not significant, indicating a non significant difference between good mental healths of working and non-working women. Thus, non-working women scored is lower on good mental health (a dimension of psychological well-being), as compared to the working women.

Thus, H_{12} is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on good mental health (a dimension of psychological well-being).

Table-13

Showing the comparison of poor mental health (a dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	11.21	3.87	0.53	1.66
Non-working women	100	12.11	4.10		

* Significant at .05 levels

** Significant at .01 levels

Table 13 shows the comparison between working and non-working women for poor mental health (a dimension of psychological well-being). The mean score for working women is 11.21 and for non-working women is 12.11 and their SDs is 3.87 and 4.10, respectively. The SERR or standards error comes out as 0.53. The t-value is 1.66, which is not significant, indicating not significant difference between poor mental health of working and non-working women. Thus, working women scored higher on poor mental health (a dimension of psychological well-being) as compared to the non-working women.

Thus, H_{13} is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on poor mental health (a dimension of psychological well-being).

Table-14

Showing the comparison of social support (a dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	17.77	3.17	0.47	0.96
Non-working women	100	17.31	3.60		

* Significant at .05 levels

** Significant at .01 levels

The above table shows the comparison between working and non-working women for social support (a dimension of psychological well-being). The mean score for working women is 17.77 and non-working women is 17.31 and their SDs are 3.17 and 3.60, respectively. The SERR or standard error comes out as 0.47. The t-value is 0.96, which is not significant, indicating non significant difference between social support of working and non-working women thus working women scored higher on social support (a dimension of psychological well-being as compared to the non-working women).

Thus, H_{14} is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on social support (a dimension psychological well-being).

Table-15

Showing the comparison of social stressor (dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	10.32	4.20	0.52	2.89**
Non-working women	100	11.85	4.02		

* Significant at .05 levels

** Significant at .01 levels

Table 15 shows the comparison between working and non-working for social stressor (a dimension of psychological well-being). The mean score for working women 10.32 and for non-working women 11.85 and their SDs are 4.20 and 4.02, respectively. The SERR or standard error comes out as 0.52. The t-value is 2.89, which is significant at .01 levels, indicating a significant difference between social stressor of working and non-working women. Thus, non-working women scores higher on social stressor (a dimension of psychological well-being), as compared to the working women.

Hence, H_{15} is accepted. Thus, there is a significant different of social stressor (a dimension of psychological well-being) between the two comparison groups of working and non-working women.

Table-16

Showing the comparison of work support (a dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	18.74	4.61	0.69	1.50
Non-working women	100	17.69	4.95		

*Significant at .05 levels

** Significant at .01 levels

The above table shows the comparison between working and non-working women for work support (a dimension of psychological well-being). The mean score for working women is 18.74 and for non-working is 17.69 and their SDs are 4.61 and 4.95, respectively. The SERR or standard error comes out as 0.69. The t-value is 1.50, which is not significant, indicating non significant difference between work support of working and non-working women. Thus, working women scored higher on work support (a dimension of psychological well-being) as compared to the non-working women.

Hence, H_{16} is rejected. Thus, the two comparison groups of working and non-working women are not differed significantly on work support (a dimension of psychological well-being).

Table-17

Showing the comparison of work stress (a dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	14.37	4.53	0.58	1.82
Non-working women	100	13.30	3.47		

*Significant at .05 levels

** Significant at .01 levels

The above table showed the comparison between working and non-working women for work stress (a dimension of psychological well-being). The mean score for working women is 14.37 and for non-working is 13.30 and their SDs are 4.53 and 3.47, respectively. The SERR or standard error comes out as 0.58. The t-value is 1.82, which is not significant at indicating non significant difference between work stress of working and non-working women. Thus, working women scored higher on work stress (a dimension of psychological well-being) as compared to the non-working women.

Thus, H_{17} is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on work stress (a dimension of psychological well-being).

Table-18

Showing the comparison of personal support (a dimension of psychological well-being) working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	17.63	3.60	0.55	0.57
Non-working women	100	17.31	4.03		

*Significant at .05 levels

** Significant at .01 levels

The above table showed the comparison between working and non-working women for personal support (a dimension of psychological well-being). The mean score for working women is 17.63 and non working is 17.31 and their SDs are 3.60 and 4.03, respectively. The SERR or standard error comes out as 0.55. The t-value is 0.57 which is not significant, indicating non significant difference between personal support of working and non working women. Thus, working women scored higher on personal support (a dimension of psychological well-being) as compared to the non-working women.

Thus, H_{18} is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on personal support (a dimension of psychological well-being).

Table-19

Showing the comparison of personal stress (a dimension of psychological well-being) among working and non-working women

Group(s)	N	Mean	SD	SERR	t
Working women	100	13.07	3.84	0.60	0.61
Non-working women	100	13.44	3.91		

*Significant at .05 levels

** Significant at .01 levels

Table19 showed the comparison between working and non- working women for personal stress (a dimension of Psychological well-being). The mean scores for working women is 13.07 and non working is 13.44 and their SDs are 3.84 and 3.91, respectively. The SERR or standard error comes out as 0.60. The t-value is 0.61, which is not significant indicating non significant difference between personal stress of working and non working women. Thus, working women scored lower on the personal stress (a dimension of psychological well-being) as compared to the non-working women.

Thus, H_{19} is rejected. Hence, the two comparison groups of working and non-working women are not differed significantly on personal stress (a dimension of psychological well-being).

The results obtained, so far, are varied in nature. Basically, the study intended to compare working and non-working women of two states i.e. U.P. and Manipur, respectively. The study was undertaken, believing that since, there is a huge cultural difference between the two states, the participants of the states will differ on the continuum of various variables taken for study. However, this did not occur. The participants of both the states did not differ significantly. Hence, we have compared both the groups of working and non-working women on the three variables, namely Adjustment, Social Support and Psychological Well-Being, respectively.

For the variables of Adjustment the two comparison groups of working and non-working women differed significantly, whereas, they showed no difference for the variables of Social Support and Psychological Well-Being. This may be attributed to the fact that adjustment is a multidimensional process. It balances life (Shaffer and Shoben, 1956). So being the pivot to live, it exercises its axial role in the work attitudes of people and working and non-working women are no exception to it. Working women have to move out of the 'walls', hence they are more accustomed to adjust as compared to their non-working friends. And, they differ on home, health, social and emotional adjustment areas, as their field of work,

nature of tasks and working hours are different. The quality of life of working women is far better, which makes them well-adjusted (Cotton et.al. 1999).

Social support is perceived in the same manner by working and non-working women. But they differ on tangible and belongingness social support. Working women feel more wanted as they are work in various fields. They interact more and communicate more as compared to non-working women. Hence they remain much joy and happy as compared to the non-working women. Their feeling of belongingness increases. The tangibility of non-working women is more as they remain confined to their house jobs “only”, (Wharton and Erikson, 1995).

The two groups of working and non-working women did not differ significantly on psychological well-being. Well-being is a subjective feeling and is global rather than being limited to a specific domain (Levi, 1987). Except for the dimension of social stressor, psychological well-being has been perceived more or less the same by the working and non-working women. This is so as work stressors are greater than family stressors (Makowska, 1995). Women’s job-related well-being is not at much risk from their performance at work (Wharton and Erikson, 1995). As working women play multiple roles, they get more satisfaction, so they have a better psychological well-being as compared to non-working women (Christensen et al, 1998).

In a nutshell, it may be concluded that adjustment plays a much crucial role in the life of working and non-working women as compared to social support and psychological well-being.

Chapter 5
*CONCLUSIONS AND
FINDINGS*

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Keeping in view the aim of the study, in all nineteen alternative hypotheses were formulated. Each hypothesis was statistically verified to meet the objectives of the present endeavor. The result obtained for the comparison groups of working and non-working women for the variables of adjustment, social support and psychological well-being are concluded as under-

1. That the working women are more adjusted in the total adjustment as compared to non-working women.
2. That the working women are less adjusted in home area of adjustment as compared to non-working women.
3. That the working women are more adjusted in health area of adjustment as compared to non-working women.
4. That the working women are more adjusted in social area of adjustment as compared to non-working women.
5. That the working women are more adjusted in emotional area of adjustment as compared to non-working women.
6. That the working women are not differed significantly in occupational area of adjustment as compared to non-working women.
7. That the working women are not differed significantly in total social support as compared to non-women.
8. That the working women are differed significantly in tangible support (a dimension of social support) as compared to non-

working women indicating that non-working women having more tangible support than working women.

9. That the working women are not differed significantly in appraisal support (a dimension of social support) than non-working women.
10. That the working women are higher in belongingness (a dimension of social support) than non-working women.
11. That the working women are not differed significantly in total psychological well-being than non-working women.
12. That the working women are not differed significantly in good mental health (a dimension of psychological well-being) than the non-working women.
13. That the working women are not differed significantly in poor mental health (a dimension of psychological well-being) than non-working women.
14. That the working women are not differed significantly in social support (a dimension of psychological well-being) than the non-working women.
15. That the working women are significantly lowered in social stressor (a dimension of psychological well-being) than the non-working women.
16. That the working women are not differed significantly in work support (a dimension of psychological well-being) than the non-working women.
17. That the working women are not differed significantly in work stress (a dimension of psychological well-being) than the non-working women.

18. That the working women are not differed significantly in personal support (a dimension of psychological well-being) than the non-working women.
19. That the working women are not differed significantly in personal stress (a dimension of psychological well-being) than the non-working women.

Implications of the study

India is a culturally rich country; the same is reflected in the implications of our study. The study implies that may it be working or non-working women, they do not differ much. Sometimes the results were surprising, that adjustment and social support for the working were higher as compared to non-working women. This implies that as females are naturally subjected to adjustment, the variations are less or negligible. However, by increasing the social support, adjustment as well as psychological well-being of both working and non-working women may be enhanced. Similarly, well-being also improves adjustment of all.

Limitation and further research suggestions

“To err is human...” This is not only an age old saying rather a universally applicable phenomenon. Working on the same lines, it may be stated that the present study also has its limitations. The sample was less for comparison; hence, it yielded less variation. Further, more varied comparison groups could have been taken.

It is suggested that a bigger sample should be taken for study. A much larger sample and varied comparison groups should be taken.

SUMMARY

SUMMARY

The present study is a comparative study of Adjustment, Social Support and Psychological Well-Being among working and non- working women. This study was undertaken, believing that Adjustment, Social Support and Psychological Well-Being are the important aspects of day to day life at work. They are visualised as an important variables which influence job/work directly or indirectly in multiple ways.

The samples of the study comprised of N=200 women. They were selected by means of random sampling technique from the Indian states of Manipur and U.P. with N=100 from each state. Bell's Adjustment Inventory (1934) developed by H.M. Bell was used. It had 150 items in all with three choice response alternatives of "Yes"; "No" and "Can't say". The range is from 1-150. It measures five types of adjustments areas and has high reliability and validity. The second tool Social Support scale developed by Cohen, Mermelstein, Knack and Hobermai (1985). It had 15 items and three dimensions. It is a four point rating scale and range is from 15-60 with a high reliability and validity. Psychological Well-Being scale of Nishizawa (1996) was used to measure psychological well being among the participants. It had 40 items with 8 dimensions. The items are rated on a 5 point rating scale and thus the range of the scale is from 40-200. The scale is highly reliable and valid scale.

The "t-test" was used applied to analyse the data. The major findings of the study are that there is a significant

difference between working and nonworking women for the variable of adjustment. Showing that the working women are more adjusted in total adjustment as well as adjusted in health, social and emotional adjustment (dimensions of adjustment) and working women are less adjusted in home and occupational adjustment (dimension of adjustment). However, no difference has been observed between the working and nonworking women for the variable of social support and psychological well-being. The two groups differed significantly on the dimensions of home, health, social and emotional adjustment. They also differed significantly for the dimensions of tangible, which is high among working women than non-working women and belonging social support and social stressor which is high among non-working women than working women, the dimension of psychological well-being.

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APPENDICES

Appendix-A
BELL's ADJUSTMENT INVENTORY
ADULT FORM

Name.....Sex..... Occupation.....
Married/Single.....Education (High School, Graduate,etc.).....
.....Date.....

DIRECTIONS

Are you interested in knowing more about your own personality? If you will answer honestly and thoughtfully of all the questions on the pages that follow, it will be possible for you to obtain a better understanding of yourself. These questions have been carefully selected, and then given to a large number of persons. By comparing your answers with the answers of the group you will secure a more accurate notion of your own characteristics. The value of this to you will be in proportion to the care and honesty with which you answer each question.

Your answers to the questions will be treated in the strictest confidence. Therefore, feel free to give candid replies. There are no right or wrong answers. Indicate your answer to each question by drawing a circle around the 'Yes', the 'No' or the '?'. Use the question mark only when you are certain that you cannot answer 'Yes' or 'No'. There is no time limit, but work rapidly.

If you are not employed now, answer the occupational question with reference to the last position which you hold. Housewives who are not employed outside the home should omit the questions referring to working conditions

No.	Score	Description	Remarks
a			
b			
c			
d			
e			

- 1a Yes No ? Does the place in which you live now in any way interfere with your obtaining the social life which you would like to enjoy?
- 2d Yes No ? Do you have ups and downs in mood without apparent cause?
- 3b Yes No ? Are you troubled occasionally by a skin disease or skin eruption such as athletes' foot, carbuncles, or boils?
- 4c Yes No ? Do you feel self-conscious when have to ask an employer for work?
- 5e Yes No ? Do you sometime get badly flustered and "jittery" in your present job?
- 6b Yes No ? Have you had any trouble with your heart or your kidneys or your lungs?

- 7a Yes No ? Do you feel that your present home environment allows you enough opportunity to develop your own personality?
- 8c Yes No ? Do you like to participate in festival gatherings and lively articles?
- 9e Yes No ? Do you think you made the wrong selection of your occupation?
- 10d Yes No ? Have you ever been extremely afraid of something which you knew could do you no harm?
- 11e Yes No ? Is any member of your present home very nervous?
- 12c Yes No Does your present work allow you time off each year for some vacation?
- 13b Yes No ? Have you ever been anemic (lacking in red blood corpuscles)?
- 14d Yes No ? Do you worry too long over humiliating experiences?
- 15c Yes No ? Do you find it difficult to start a conversation with a stranger?
- 16a Yes No ? Did you disagree with your parents about the type of occupation you should enter?
- 17c Yes No ? Does it upset you considerably to have someone ask you to speak when you have had no time to prepare your talk?
- 18d Yes No ? Does some particular useless thought keep coming into your mind to bother you?

- 19 b Yes No ? Do you take cold rather easily from other people?
- 20e Yes No ? Do you think you must "Play Politics" to get promotion or an increase in pay in your present job?
- 21c Yes No ? Do you keep in the background on social occasions?
- 22a Yes No ? Have you had unpleasant disturbances over such matters as religion, politics, or persons with whom you live?
- 23d Yes No ? Do you get upset easily?
- 24b Yes No ? Do you find it necessary to watch your health carefully?
- 25a Yes No ? Has there ever been divorced among any members of your immediate family?
- 26e Yes No ? Has your employer always treated you fairly?
- 27b Yes No ? Do you willingly come to your meals without being hungry?
- 28d Yes No ? Are you often in a state of excitement?
- 29c Yes No ? Do you feel embarrassed if you have to ask permission to leave group of people?
- 30e Yes No ? Do you think that you have to work too long hours on your present job?
- 31a Yes No ? Have any of the members of your present home made you happy by criticizing your personal appearance?

- 32c Yes No ? Do you find that you tend to have a few
 close friends rather than many casual
 acquaintances?
- 33b Yes No ? Have you had an illness from which you feel
 that you have not completely recovered?
- 34d Yes No ? Does criticism disturb you greatly?
- 35a Yes No ? Are you happy and contented in your
 present home environment?
- 36e Yes No ? Would you like to secure some other job
 than the one you now hold?
- 37c Yes No ? Are you often the center of favorable
 attention at the party?
- 38b Yes No ? Do you frequently have shooting pains in
 the head?
- 40a Yes No ? Do you feel a lack of affection and love in
 your present home?
- 41e Yes No ? Do you have considerable difficulty in
 knowing just where you stand with your
 present employer?
- 42b Yes No ? Do you suffer from sinusitis or any
 obstruction in your breathing?
- 43d Yes No ? Are you bothered by the feeling that people
 are reading your thoughts?
- 44c Yes No ? Do you make friends readily?
- 45e Yes No ? Do you feel that your present employer or
 boss holds a personal dislike or grudge
 towards you?

- 46a Yes No ? Do the person or persons with whom you
 now live understand you and sympathize
 with you?
- 47c Yes No ? Do you daydream frequently?
- 48b Yes No ? Has any illness you had resulted in a
 permanent injury to your health?
- 49e Yes No ? Do you have to work on your present job
 with certain people whom you dislike?
- 50c Yes No ? Do you hesitate to enter in a room by
 yourself when a group of people are sitting
 around talking together?
- 51a Yes No ? Do you feel that your friends have happier
 home environments than you?
- 52c Yes No ? Do you often hesitate to speak out in a
 group lest you say and do the wrong things?
- 53b Yes No ? Do you have difficulty in getting rid of a
 cold?
- 54d Yes No ? Do ideas often run through your head so
 that you cannot sleep?
- 55a Yes No ? Does any person with whom you live now
 become angry at you very easily?
- 56b Yes No ? Are you getting enough pay on your present
 job to support those who are dependent
 upon you?
- 57b Yes No ? Are you troubled with too high or too low
 blood pressure?
- 58d Yes No ? Do you worry over possible misfortunes?

- 59c Yes No ? If you come late to a meeting would you rather stand or leave than take a front seat?
- 60e Yes No ? Is your present boss or employer an individual whom you feel you can always trust?
- 61b Yes No ? Are you subject to have fever or asthma?
- 62a Yes No ? Are the members of your present home congenial and well suited to each other?
- 63c Yes No ? At a reception or a tea do you seek to meet the important person present?
- 64c Yes No ? Do you feel that your present employer is paying you a fair salary?
- 65d Yes No ? Are you feeling easily hurt?
- 66b Yes No ? Are you troubled much with constipation?
- 67a Yes No ? Do you dislike intensely certain people with whom you live now?
- 68c Yes No ? Are you sometimes the leader at a social affair?
- 69e Yes No ? Do you like all the people with whom you work on your present job?
- 70d Yes No ? Are you bothered by the feeling that things are not real?
- 71e Yes No ? Do you occasionally have conflicting moods of love and hate for member of your immediate family?

- 72c Yes No ? Do you feel very self-conscious in the presence of people whom you greatly admire but with whom you are not well-acquainted?
- 73b Yes No ? Do you frequently experience nausea or vomiting or diarrhea?
- 74d Yes No ? Do you blush easily?
- 75a Yes No ? Have the actions of any person with whom you now live frequently caused you to feel blue and depressed?
- 76e Yes No ? Have you frequently changed jobs during the last five years?
- 77c Yes No ? Do you ever cross the street to avoid meeting somebody?
- 78b Yes No ? Are you subject to tonsillitis or other throat ailments?
- 79d Yes No ? Do you often feel self-conscious because of your personal appearance?
- 80e Yes No ? Does your present job fatigue you greatly?
- 81a Yes No ? Is the home where you live now often in a state of turmoil and dissension?
- 82d Yes No ? Do you consider yourself rather a nervous person?
- 83c Yes No ? Do you greatly enjoy social dancing?
- 84b Yes No ? Are you subject to attack of indigestion?

- 85a Yes No ? Did either of your parents frequently find fault with your conduct when you lived with them?
- 86e Yes No ? Do you feel that you have adequate opportunities to express your own ideas in your present job?
- 87c Yes No ? Do you find it very difficult to speak in public?
- 88b Yes No ? Do you feel tired most of the time?
- 89e Yes No ? Is the pay in your present work so low that you worry lest you be unable to meet your financial obligations?
- 90d Yes No ? Are you troubled with feelings of inferiority?
- 91a Yes No ? Do the personal habits of some of the people with whom you now live irritate you?
- 92d Yes No ? Do you often feel just miserable?
- 93b Has it be very necessary for you to have frequent medical attention?
- 94c Yes No ? Have you had a number of experiences in appearing before public gatherings?
- 95e Yes No ? Have you been able to get the promotions you desire in your present job?
- 96a Yes No ? Does any member of your present home try to dominate you?
- 97b Yes No ? Do you often feel fatigued when you get up in the morning?

- 98e Yes No ? Do any of the people with whom you work have personal habits and characteristics which irritate you?
- 99c Yes No ? When you are a guest at an important dinner do you do without something rather than ask to have it passed you?
- 100d Yes No ? Does it frighten you to be alone in the dark?
- 101a Yes No ? Did your parents tend to supervise you too closely when you lived with them?
- 102c Yes No ? Have you found it easy to make friendly contacts with members of the opposite sex?
- 103b Yes No ? Are you considerably underweight?
- 104e Yes No ? Does your present job force you to hurry a great deal?
- 105d Yes No ? Have you ever, when you were on a high place, been afraid that you might jump off?
- 106a Yes No ? Do you find it easy to get along with the person or persons with whom you live now?
- 107c Yes No ? Do you have difficulty in starting conversation with a person with whom you live now?
- 108b Yes No ? Do you frequently have spells of dizziness?
- 109d Yes No ? Are you often sorry for the things you do?
- 110e Yes No ? Does your present employer or boss take all the credit for a piece of work which you have done yourself?

- 111a Yes No ? Do you have frequent disagreements with the individual or individuals where you live now concerning the way things are to be done about the house?
- 112d Yes No ? Do you get discouraged easily?
- 113b Yes No ? Have you had considerable illness during the last ten years?
- 114c Yes No ? Have you had experience in making plans for and directing the actions of other people such as committee chairman, leader of a group, etc.?
- 115e Yes No ? Do you feel that you are just a cog in an inhuman machine in your present job?
- 116a Yes No ? Does any person in the place you now live frequently object to the companions and friends with whom you like to associate?
- 117b Yes No ? Are you subject to attacks of influenza?
- 118e Yes No ? Does your present employer or boss praise you for work which you do well?
- 119c Yes No ? Would you feel very self-conscious if you had to volunteer an idea to start a discussion among a group?
- 120d Yes No ? Have you frequently been depressed because of the unkind things others have said about you?
- 121a Yes No ? Are any of the members of your present household very easily irritated?

- 122b Yes No ? Do you have many colds?
- 123d Yes No ? Are you easily frightened by lightning?
- 124c Yes No ? Are you troubled with shyness?
- 125e Yes No ? Did you enter your present job because you
yourself really wanted to go into it?
- 126b Yes No ? Have you ever had a major surgical
operation?
- 127a Yes No ? At home did your parents frequently object
to the kind of companion you went around
with?
- 128e Yes No ? Do you get discouraged in your present
work?
- 129d Yes No ? Do things often go wrong for you from no
fault of your own?
- 130a Yes No ? Would you like very to move from the place
where you now live so that you might have
more personal independence?
- 131c Yes No ? When you want something from a person,
with whom you are not very well
acquainted, would you prefer to write a note
or letter to the individual than go and ask
him or her personally?
- 132b Yes No ? Have you ever been seriously injured in any
kind of an accident?
- 133d Yes No ? Do you dread the sight of a snake?
- 134e Yes No ? Do you feel that your work is supervised by
too many different bosses?

- 135b Yes No ? Have you lost considerable weight recently?
- 136a Yes No ? Does the lack of money tend to make your present home life unhappy?
- 137c Yes No ? Would it be difficult for you to give an oral report before a group of people?
- 138e Yes No ? Is your present job very monotonous?
- 139d Yes No ? Are you easily moved to tears?
- 140b Yes No ? Do you frequently feel very tired toward the end of the day?
- 141a Yes No ? When you lived with your parents do either of them frequently criticized you unjustly?
- 142d Yes No ? Does the thought of an earthquake or a fire frighten you?
- 143c Yes No ? Do you feel embarrassed when you have to enter a public assembly by yourself after everyone else has been seated?
- 144e Yes No ? Do you find that you have very little real interest in your present job?
- 145b Yes No ? Do you sometimes have difficulty getting to sleep even there are no noises to disturb you?
- 146c Yes No ? Is there anyone at the place where you live now who insists on your obeying him or her regardless of whether or not the request is reasonable?
- 147c Yes No ? Did you ever take the lead to enliven a bull party?

- 148e Yes No ? Do you feel that your immediate superior boss packs sympathy and understanding in dealing with you as an employee?
- 149d Yes No ? Do you often feel lonesome even when you are with people?
- 150a Yes No ? As a youth did you ever have a strong desire to run away from home?
- 151b Yes No ? Do you have many headaches?
- 152d Yes No ? Have you ever felt that someone was hypnotizing you and making you act against your will?
- 153c Yes No ? Do you often have much difficulty in thinking of an appropriate remark to make in group conversation?
- 154e Yes No ? Do you sometimes feel that your employer does not show real appreciation of your attempts to do your job in a superior manner?
- 155b Yes No ? Have you ever had scarlet fever or diphtheria?
- 156a Yes No ? Do you sometimes feel that you have been a disappointment to your parents?
- 157c Yes No ? Do you take responsibility for introducing people at a party?
- 158e Yes No ? Do you experience a fear of losing your present job?
- 159d Yes No ? Do you frequently have spells of the blues?

Appendix-B

SOCIAL SUPPORT SCALE

Instructions:

This scale is made up of a list of statements each of which may or may not be true about you. For each statement we would like you to circle completely true (4) if the statement is 'true' about you or completely false (1) if the statement is not true about you. You may find that many statements are neither clearly true nor clearly false. In these cases try to decide whether it is somewhat true (3) or somewhat false (2) and circle likewise

(4) For completely true.

(3) For somewhat true.

(2) For somewhat false.

(1) For completely false.

Though some questions will be difficult to answer it is important that you pick one alternative for each statement. Please read each item quickly but carefully before reading. Remember that this is not a test and there is no right or wrong answer.

1. If I had to go out of town for a few weeks, someone I know would look after my home such as watering the plants or taking care of the pets.

(1)

(2)

(3)

(4)

2. If I were sick and I needed someone to drive me to the doctor I would have trouble finding someone.

(1) (2) (3) (4)

3. If I were sick I would have trouble finding someone to help me with my daily chores.

(1) (2) (3) (4)

4. If I needed help moving I would be able to find someone to help me.

(1) (2) (3) (4)

5. If I needed a place to stay for a week because of an emergency such as water or electricity being out in my home I could easily find someone who would put me up.

(1) (2) (3) (4)

6. There is at least one person I know whose advice I really trust.

(1) (2) (3) (4)

7. There is no one I know who will tell me honestly how I am handling my problems.

(1) (2) (3) (4)

8. When I need suggestion about how to deal with personal problems I know there is someone I can turn to.

(1) (2) (3) (4)

9. There is no one I feel comfortable talking to about my intimate personal problems.

(1) (2) (3) (4)

10. There is no one I trust to give me good advice about money matters.

(1) (2) (3) (4)

11. I am usually invited to do things with others.

(1) (2) (3) (4)

12. When I feel lonely there are several people I can talk to.

(1) (2) (3) (4)

13. I regularly meet or talk with my friends or members of family.

(1) (2) (3) (4)

14. I often feel left out by my circle of friends.

(1) (2) (3) (4)

15. There are several different people I enjoy spending time with.

(1) (2) (3) (4)

Appendix-C

PSYCHOLOGICAL WELL- BEING SCALE

Instructions:

The following 40 statements are concerned with psychic well-being. Please circle the number which best indicates how well the statement applies to you, taking into account your usual feeling of well-being. There are no rights or wrong responses. Please be honest. Total confidentiality is guaranteed. **DON'T SIGN YOUR NAME.** Remember, you are the only one who will know who filled out this form. Please feel free to make comments anywhere in the margins, when you want to.

Don't apply at all	1
Applies very slightly	2
Applies moderately	3
Applies quite well	4
Applies very well	5

S. No.	Statements					
1.	I am full of energy enthusiasm about life.	1	2	3	4	5
2.	I find it easy to relax, play or have fun.	1	2	3	4	5
3.	I often investigate or try new things.	1	2	3	4	5

4.	I am generally satisfied with life.	1	2	3	4	5
5.	I have dreams or aspirations for a better life.	1	2	3	4	5
6.	I don't care what happens and feel like giving up and running away.	1	2	3	4	5
7.	I am moody, sad and depressed or cry easily.	1	2	3	4	5
8.	I keep to myself and avoid others.	1	2	3	4	5
9.	I tire easily, am listless or restless, or have difficulty sleeping.	1	2	3	4	5
10.	I often have headaches/neck pains, or feel faint or dizzy.	1	2	3	4	5
11.	I get well with my family and neighbours.	1	2	3	4	5
12.	I enjoy being with my friends and doing things with them.	1	2	3	4	5
13.	I am currently in love.	1	2	3	4	5
14.	I have someone when I look to help me.	1	2	3	4	5
15.	I have a number of good, loyal friends or companions.	1	2	3	4	5
16.	There is no one I really care about or who cares about me.	1	2	3	4	5

17.	People are always bothering me.	1	2	3	4	5
18.	People often insult or make fun of me.	1	2	3	4	5
19.	Circumstances make it necessary for me to be separated from my family or those I love.	1	2	3	4	5
20.	People disagree with me or are against what I want to do.	1	2	3	4	5
21.	At work, I feel I am helping to make the world better.	1	2	3	4	5
22.	My work makes me feel important and powerful.	1	2	3	4	5
23.	The people I work with like me.	1	2	3	4	5
24.	Where I work, I have chance to learn and improve myself.	1	2	3	4	5
25.	The work I do gives me personal satisfaction, dignity and pride.	1	2	3	4	5
26.	At work, I have to fight to get ahead.	1	2	3	4	5
27.	My work is too simple, repetitious, routine and boring.	1	2	3	4	5
28.	People make me for granted and never appreciate what I do.	1	2	3	4	5

29.	There is no chance to rest when I am tired.	1	2	3	4	5
30.	I have to do too much work.	1	2	3	4	5
31.	I tend to look on the good side of life.	1	2	3	4	5
32.	I am happy about myself, I like who I am.	1	2	3	4	5
33.	I can take the presence when I have to.	1	2	3	4	5
34.	I recall quickly from stressful events.	1	2	3	4	5
35.	The hardship I have serves a worthwhile purpose.	1	2	3	4	5
36.	I let things bother me for a long time, even though it does no good.	1	2	3	4	5
37.	I have difficulty in getting started on what I have to do.	1	2	3	4	5
38.	No matter what I do, It will not be right.	1	2	3	4	5
39.	I am impatient with myself, and with other people.	1	2	3	4	5
40.	I need a lot of support and encouragement.	1	2	3	4	5